

KINDEL

TTAYLOR



The Kindel Family of Companies

EMPLOYMENT APPLICATION

When finished filling out this form either mail to:

4047 Eastern Ave SE
Grand Rapids, MI 49508

Or e-mail to:

hr@thetaylorco.com

PERSONAL

PLEASE PRINT USING BLUE OR BLACK INK

FULL NAME:

SOCIAL SECURITY NUMBER (*voluntary*):

CURRENT ADDRESS:

HOME TELEPHONE NUMBER:

ARE ANY OF YOUR RELATIVES
PRESENTLY EMPLOYED WITH THE
COMPANY?

YES NO

IF YES, NAME OF RELATIVE:

HAVE YOU EVER WORKED FOR THE COMPANY BEFORE?

YES NO

IF YES, LIST THE APPROXIMATE DATE RANGE OF PREVIOUS EMPLOYMENT:

HAVE YOU EVER APPLIED FOR THE COMPANY BEFORE?

YES NO

IF YES, LIST THE APPROXIMATE DATE OF APPLICATION SUBMISSION:

HOW WERE YOU REFERRED?

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME

I am available and desire to work PART-TIME

WHAT POSITION ARE YOU APPLYING FOR?

WAGE EXPECTED:

DATE AVAILABLE FOR WORK:

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER?
 YES NO

IF UNDER AGE 18, CAN YOU SUPPLY
WORKING PAPERS? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?
 YES NO

*(IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION
TO VERIFY ELIGIBILITY).*

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A
MINOR TRAFFIC INFRACTION?
 YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO
RESIGN?
 YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

EDUCATION

HIGH SCHOOL	COLLEGE

	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

COLLEGE	
	GRADUATE SCHOOL

BUSINESS / TRADE / OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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ADDITIONAL EXPERIENCE OR QUALIFICATIONS
<p>Please list any other experience, skills or qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.</p> <p>Also, please indicated any prior military service which you would like considered in connection with your application for employment.</p>
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FROM

EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (*ATTACH ADDITIONAL SHEET IF NECESSARY*).

1	EMPLOYER	Mo.	Yr.	STARTING SALARY:
	NAME OF COMPANY:			\$
	ADDRESS:	TO		ENDING SALARY:
	CITY, STATE, ZIP:	Mo.	Yr.	\$
	PHONE:	TYPE OF BUSINESS:		
JOB TITLE:				
NAME & TITLE OF IMMEDIATE SUPERVISOR:				
DESCRIBE YOUR JOB DUTIES:				
PLEASE EXPLAIN YOUR REASON FOR LEAVING THIS EMPLOYER:				

EMPLOYMENT HISTORY CONTINUED

PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (*ATTACH ADDITIONAL SHEET IF NECESSARY*).

2	EMPLOYER	FROM		STARTING SALARY: \$
		Mo.	Yr.	
	NAME OF COMPANY:			
	ADDRESS:	TO		ENDING SALARY: \$
	CITY, STATE, ZIP:	Mo.	Yr.	
	PHONE:	TYPE OF BUSINESS:		
JOB TITLE:				
NAME & TITLE OF IMMEDIATE SUPERVISOR:				
DESCRIBE YOUR JOB DUTIES:				
PLEASE EXPLAIN YOUR REASON FOR LEAVING THIS EMPLOYER:				

EMPLOYMENT HISTORY CONTINUED

PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (*ATTACH ADDITIONAL SHEET IF NECESSARY*).

3	EMPLOYER	FROM		STARTING SALARY: \$
		Mo.	Yr.	
	NAME OF COMPANY:			
	ADDRESS:	TO		ENDING SALARY: \$
		Mo.	Yr.	
	CITY, STATE, ZIP:			
	PHONE:	TYPE OF BUSINESS:		
JOB TITLE:				
NAME & TITLE OF IMMEDIATE SUPERVISOR:				
DESCRIBE YOUR JOB DUTIES:				
PLEASE EXPLAIN YOUR REASON FOR LEAVING THIS EMPLOYER:				

EMPLOYMENT HISTORY CONTINUED

PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (*ATTACH ADDITIONAL SHEET IF NECESSARY*).

4	EMPLOYER	FROM		STARTING SALARY: \$
		Mo.	Yr.	
	NAME OF COMPANY:			
	ADDRESS:	TO		ENDING SALARY: \$
	CITY, STATE, ZIP:	Mo.	Yr.	
	PHONE:	TYPE OF BUSINESS:		
JOB TITLE:				
NAME & TITLE OF IMMEDIATE SUPERVISOR:				
DESCRIBE YOUR JOB DUTIES:				
PLEASE EXPLAIN YOUR REASON FOR LEAVING THIS EMPLOYER:				

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company.
Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [] YES [] NO

PERSONAL OR BUSINESS REFERENCES

1	NAME:	PHONE NUMBER:
	ADDRESS:	TITLE OR RELATIONSHIP:
	CITY, STATE, ZIP:	HOW LONG HAVE YOU KNOWN THIS REFERENCE?
2	NAME:	PHONE NUMBER:
	ADDRESS:	TITLE OR RELATIONSHIP:
	CITY, STATE, ZIP:	HOW LONG HAVE YOU KNOWN THIS REFERENCE?
3	NAME:	PHONE NUMBER:
	ADDRESS:	TITLE OR RELATIONSHIP:
	CITY, STATE, ZIP:	HOW LONG HAVE YOU KNOWN THIS REFERENCE?

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply the applicant will be employed.

All applicants considered for employment will be required to successfully complete a substance abuse screening test.

By signing, I authorize investigation of all statements and information contained in this application for employment as may be necessary in arriving at an employment decision.

If hired, I understand that my employment may be terminated with out without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

APPLICANT SIGNATURE: _____ DATE: _____