



**AN EQUAL OPPORTUNITY EMPLOYER**

**NON DRIVER APPLICATION**

**APPLICATION FOR EMPLOYMENT**

Today's date \_\_\_\_\_

Type of work preferred:

1. \_\_\_\_\_

2. \_\_\_\_\_

The law prohibits discrimination because of age, sex, religion, race, national origin, disability, or veteran status.

**Personal and General Information**

Last Name	First Name	Middle Name	Social Security Number
Street Address	City	State	Zip
			Area Code/Telephone

Please indicate source of referral to Kenco

Personal Initiative \_\_\_      National Publication \_\_\_      Another Company\* \_\_\_  
 Kenco Employee \_\_\_      Newspaper Ad \_\_\_      State Employment Agency \_\_\_  
 College Campus Recruiter \_\_\_      Private Employment Agency\* \_\_\_      Other \_\_\_

\* Name of agency, publication, company, or other source:

Which work schedule can you work?	Regular ___ Part Time ___ Full Time ___	Do you have Relatives Employed at Kenco? Yes ___ No ___
	Temporary ___ Summer ___	
Which shift can you work	First ___ Second ___ Third ___	If yes, list name(s) and relationship:
Are you on lay-off and subject to recall?	Yes ___ No ___	
Can you work overtime if required?	Yes ___ No ___	
Can you travel if job requires it?	Yes ___ No ___	
Can you relocate if job requires?	Yes ___ No ___	
Are you willing to work weekends/holidays?	Yes ___ No ___	

Have you ever been employed with Kenco? Yes ___ No ___ If yes, please give the dates of employment.	Are you U.S. Citizen? Yes ___ No ___
	If not, are you legally allowed to work in the U.S. Yes ___ No ___

**References**

List 3 persons, other than relatives or former employers, whom we may contact for a personal reference.

Name (Last, First, Middle)	Address	Area Code/Telephone No.

# Education

Attach transcripts of academic records if readily available.

Schools Attended	School Name and Address	Did You Graduate?	Grade-Point Average	Degree Received
High School				
Trade or Technical				
Under-Graduate				
Graduate				
Post-graduate				

Passed GED? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

If you have not completed high school, please circle highest grade completed. 6 7 8 9 10 11

*\*The level and type of education required may vary according to the position for which you have applied.*

# Employment History

This section must be completed in full. Please list your employment history including military for the last 10 years. Note any periods for which you were not employed.

Employer (Present or Most Recent)		Street Address, City, State, Zip	
Your Job Title	Pay Rate Begin:                      End:	Supervisor Name and Title	
Description of your duties		Employment Dates From (Mo./Yr.)                      To (Mo./Yr.)	
		May we contact you at your present place of employment? Yes ___ No ___	
Reason for leaving		May we contact your present employer for a reference? Yes ___ No ___ If yes, please provide name and phone number of contact.	

Employer		Street Address, City, State, Zip	
Your Job Title	Pay Rate Begin:                      End:	Supervisor Name and Title	
Description of your duties		Employment Dates From (Mo./Yr.)                      To (Mo./Yr.)	
		May we contact for a reference? Yes ___ No ___ If yes, please provide name and phone number of contact.	
Reason for leaving			

Employer		Street Address, City, State, Zip
Your Job Title	Pay Rate Begin:                      End:	Supervisor Name and Title
Description of your duties		Employment Dates From (Mo./Yr.)                      To (Mo./Yr.)
		May we contact for a reference? Yes ___ No ___ If yes, please provide name and phone number of contact.
Reason for leaving		

Employer		Street Address, City, State, Zip
Your Job Title	Pay Rate Begin:                      End:	Supervisor Name and Title
Description of your duties		Employment Dates From (Mo./Yr.)                      To (Mo./Yr.)
		May we contact for a reference? Yes ___ No ___ If yes, please provide name and phone number of contact.
Reason for leaving		

Employer		Street Address, City, State, Zip
Your Job Title	Pay Rate Begin:                      End:	Supervisor Name and Title
Description of your duties		Employment Dates From (Mo./Yr.)                      To (Mo./Yr.)
		May we contact for a reference? Yes ___ No ___ If yes, please provide name and phone number of contact.
Reason for leaving		

## U.S. Military Service

Did you serve in the Armed Forces:    Yes ___ No ___    Branch of Service _____
Date of Service: From _____ To _____
Rank at Discharge _____

## Applicant's Statement

- I understand and agree that any employee manual that I may receive will not constitute an employment contract, but will be merely a descriptive statement of Kenco's current policies. I understand that if a United States Government security clearance is required after employment, I shall make application for same.
- I understand that Kenco complies with the Drug Free Workplace Act of 1988. I understand that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on company premises or while conducting company business off company premises is absolutely prohibited and is grounds for termination.
- I agree to supply a urine specimen for my pre-employment physical and at any time after employment, if requested, to Kenco consulting physician. I understand if I test positive for the presence of illegal drugs/alcohol, I will be denied employment or, if already employed, my employment may be terminated.
- I understand that I may be required to attend a drug rehabilitation program in order to retain my employment at Kenco. I also understand that in accordance with the law referenced above, I am required to report any conviction under a criminal drug statute for violations occurring on or off company premises while conducting company business.
- I understand that the use of tobacco products is permitted in the designated smoking area only.
- I hereby authorize investigation of all statements contained in this application for employment, I understand that any false information or misinformation will be sufficient cause for rejection or termination of employment. I agree that Kenco and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated due to false information and omission of information in this application form. If I am employed, I understand that additional personal data will be required. I understand that any offer of employment is subject to my satisfactory completion of a physical examination conducted by a physician approved by Kenco, and my agreement to abide by the Company rules of conduct and safety. I understand that information furnished or recovered, as a result of any inquiry will be treated in confidence by Kenco.
- I understand that, if hired, my employment will be at will, and may be terminated by me or by the Company at any time with or without cause and with or without notice. I also understand that this status may only be altered by a written contract of employment, which is specific to all material terms and is signed by me and the President of Kenco or authorized representative.
- I am advised that in compliance with the Fair Credit Reporting Act, a routine investigation may be made concerning my character, general reputation, personal characteristics, and mode of living. I have the right to make a written request within a reasonable period of time for a summary disclosure of the nature and scope of the investigation.

### Tennessee Nonsmoker Protection Act

Consistent with the Tennessee Nonsmoker Protection Act, smoking is prohibited in any/all enclosed work areas under the control of Kenco. Such non-smoking areas include but are not limited to work areas, private offices, employee break rooms, hallways, bathrooms, conference rooms, training facilities, etc. This policy does not apply to non-enclosed designated smoking areas.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**We will review your qualifications and will make every effort to reach a decision, based solely on merit, as quickly as possible.**

This application will be kept on file for six months. Reapplication will have to be made after that time.

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION  
REGARDING BACKGROUND CONSUMER REPORTS**  
*(Important: Please read carefully before signing.)*

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month, Day, Year)

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Names Used & Date Changed \_\_\_\_\_  
*(Including Maiden Name)* *(Year changed)*

Professional License(s): \_\_\_\_\_ State(s): \_\_\_\_\_ Type(s): \_\_\_\_\_ Number(s): \_\_\_\_\_

**Residence Addresses For The Past 7 Years:** (attach additional sheets, if necessary)

<u>Street Address</u>	<u>City, State &amp; Zip Code</u>	<u>County</u>	<u>From Mo./Yr.</u>	<u>To Mo./Yr.</u>

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain in some detail, including what county and state, and in what year:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize *Kenco* and/or *Orange Tree Employment Screening* and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Printed Full Name of Applicant \_\_\_\_\_

Signature Of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(MN/CA/OK Residents Only): Do you wish to receive a copy of your consumer report? Yes \_\_\_\_ No \_\_\_\_*



**Chemical Screening  
Consent and Release Form**

I, \_\_\_\_\_ hereby authorize the physician and/or medical facility, chosen by Kenco to release to Kenco the results of any and all screenings administered for the detection of alcohol or controlled substances in my body.

Furthermore, I do release the physician and/or the medical facility from any and all liability for any damage or consequences that may result from furnishing the results of drug screening to Kenco.

It is understood that as a condition of my employment, I must be free of alcohol or any controlled substances, which could affect the security of my fellow-employees, me, or Kenco, its facilities and equipment.

\_\_\_\_\_  
Employee Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date