

APPLICATION FOR EMPLOYMENT KENCO SECURITY & TECHNOLOGY

An Equal Opportunity Employer

Personal Information

Last Name _____			First _____			Middle _____		
Present Address _____								
City _____			State _____		Zip _____		Phone # (____) _____ - _____	
Are you 18 yrs or older? _____			Yes _____		No _____		Do you have a valid driver's license? _____	
			Yes _____		No _____			

Desired Employment

Position _____			Date You Can Start ____ / ____ / ____			Salary Desired _____		
Are You Employed Now? _____			Yes _____		No _____		May We Inquire of Your Present Employer? _____	
			Yes _____		No _____			
Ever Applied To This Company Before? _____			Yes _____		No _____		Where? _____	
							When _____	
Ever worked For This Company Before? _____			Yes _____		No _____		Where? _____	
							When _____	
Reason For Leaving _____								
Name of Last Supervisor At This Company _____								
Who Referred You To This Company? _____								
Employment Agency _____			Newspaper _____			Friend _____		
Walk In _____			State Employment Office _____			College Placement Service _____		
						Other _____		

Education

School Level	Name & Location of School	Number of Yrs Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Former Employers: List Below The Last Three Employers, Starting With The Most Recent

Name of Employer _____

Address _____ **City** _____ **State** _____ **Zip** _____

Starting Date _____ **Leaving Date** _____ **Job Title** _____

Weekly Starting Salary _____ **Weekly Final Salary** _____ **May We Contact Your Supervisor?** ____ Yes ____ No

Name of Supervisor _____ **Title** _____ **Phone** _____

Description of Work _____

Reason for Leaving _____

Name of Previous Employer _____

Address _____ **City** _____ **State** _____ **Zip** _____

Starting Date _____ **Leaving Date** _____ **Job Title** _____

Weekly Starting Salary _____ **Weekly Final Salary** _____ **May We Contact Your Supervisor?** ____ Yes ____ No

Name of Supervisor _____ **Title** _____ **Phone** _____

Description of Work _____

Reason for Leaving: _____

Name of Previous Employer _____

Address _____ **City** _____ **State** _____ **Zip** _____

Starting Date _____ **Leaving Date** _____ **Job Title** _____

Weekly Starting Salary _____ **Weekly Final Salary** _____ **May We Contact Your Supervisor?** ____ Yes ____ No

Name of Supervisor _____ **Title** _____ **Phone** _____

Description of Work _____

Reason For Leaving _____

General

Summarize Your Special Skills or Qualifications Specific to Position

Military Record

Branch of Military	Skills Specific to Position

Have You Ever been charged, pleaded guilty or no contest to, or been convicted of a crime? _____ No _____ Yes
If Yes, Please Explain including dates & details _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsifications, omissions or misstatements of information may be grounds for refusal to hire or, if employed, may be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature _____ **Date** _____