



Application for Employment

GENERAL INFORMATION

Upon Completion of application please send to hr@knelectric.com							
Name:	Last:	First:	M.I.				
Address:			City:	State /Zip:			
Primary Phone:		Cell/Msg. Phone:		E-mail Address:			
Are you at least 18 yrs old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of visa/work permit:			
Position Applying for:				Salary Desired:			
Type of Employment Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		How did you learn of the position opening?	<input type="checkbox"/> Walk In	<input type="checkbox"/> Advertisement		
				<input type="checkbox"/> Job Service	<input type="checkbox"/> Other		
Have you worked for our company Previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?		Do you have relatives currently employed with our company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
Will you work overtime if asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available for evening shift, weekend and holiday work if asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify which time you could not work.			
If yes, please explain date, location, and offense. <i>(A yes does not automatically disqualify you from employment. All circumstances will be considered.)</i>							

EDUCATION

High School:		Grades Completed:	<input type="checkbox"/> 9 <input type="checkbox"/> 10	City/ State:	
			<input type="checkbox"/> 11 <input type="checkbox"/> 12		
Business/ Trade: Major:		# Years Completed:		City/ State:	
College/University: Degree:		# Years Completed:		City/ State:	
College/University: Degree:		# Years Completed:		City/ State:	

EMPLOYMENT HISTORY

List the last three (3) positions you have held starting with your most current employment. If more space is needed to respond, please attach additional paper to the application.

DO NOT WRITE "SEE RESUME." IF YOU HAVE A RESUME, YOU MAY ATTACH IT IN ADDITION TO COMPLETING THIS SECTION.

Date From	Date To	Employer Information <i>May we contact:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Held/Duties										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Name:</td><td></td></tr> <tr><td>Address:</td><td></td></tr> <tr><td>City/State:</td><td></td></tr> <tr><td>Supervisor:</td><td></td></tr> <tr><td>Phone No.:</td><td></td></tr> </table>	Name:		Address:		City/State:		Supervisor:		Phone No.:		Position: Duties:
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Address:													
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Reasons for leaving:

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Reasons for leaving:

If there are any periods unaccounted for, please explain:

PROFESSIONAL REFERENCES

Please give the names of three (3) professional references who are not relatives.

Name	Occupation/Company	Phone Number	Relationship (Supervisor, etc.)

CERTIFICATION AND AGREEMENT- Read Carefully and Sign

I certify that all the information I have provided on this application and accompanying document is true and correct.

I authorize all previous employers to furnish Employer, to the extent permitted by Federal and State law, my reason for leaving, my performance history, and all other information they may have concerning my employment with them. I also understand that my employment may be contingent upon satisfactory completion of credit, educational, and criminal background checks. I release all of my previous employers, educational institutions, and criminal background checks. I release all of my previous employers, educational institutions, credit agencies, and Employer from all liability that may arise from such investigations.

By signing this application, I authorize Employer to make investigations and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me from employment, or if employed, may result in my dismissal.

I understand that employment is at will, that it is not guaranteed at any term, and that my employment may be terminated by Employer or myself at any time and for any reason. I understand that neither this form nor statements by representatives of Employer constitutes an employment contract.

Signature		Date	
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APPLICANT VOLUNTARY SELF-IDENTIFICATION INFORMATION

As a federal government contractor, we are requesting information about race, gender, and veteran status in order to comply with government reporting requirements and in order to ensure equal employment opportunity. We consider all applicants for positions without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We also comply with all applicable laws including E.O. 11246, as amended, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (VEVRAA), governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Submission of this information is voluntary and will be kept confidential. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Position Applied For:	Branch Location:

GENDER:

- MALE FEMALE I DECLINE TO ANSWER

RACE/ETHNICITY (please check one):

- WHITE** (not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- HISPANIC OR LATINO**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- BLACK OR AFRICAN AMERICAN** (not Hispanic or Latino)
A person having origins in any of the black racial groups of Africa.
- ASIAN** (not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR PACIFIC ISLANDER** (not Hispanic or Latino)
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN/ALASKA NATIVE** (not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- TWO OR MORE RACES** (not Hispanic or Latino)
All persons who identify with more than one of the above five races.
- I DECLINE TO ANSWER**

VETERANS STATUS

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**
- I AM NOT A PROTECTED VETERAN**
- I DECLINE TO ANSWER**

**Applicant's
Signature:**

Date:

K&N IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 6 of 7

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 7

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.