



APPLICATION FOR EMPLOYMENT



KENDRICK FOREST PRODUCTS

NAME: Please Print	
DATE:	
POSITION(S) DESIRED (do not list "any"):	
1.	
2.	
3.	
REFERRED BY:	
DATE AVAILABLE FOR WORK:	

INSTRUCTIONS: *Please read carefully.*

- Every item on this form must be answered to the best of your ability.
- Please print and use a pen.
- Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy.
- Upon employment, this application will become part of your permanent record at **Kendrick Inc.** Keep this in mind as you complete it.

Special Note: *You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. **Kendrick Inc.** does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability or any other legally protected class.*

- *You may request assistance in completing this application.*

PERSONAL

FULL NAME:		HOME PHONE:	
ADDRESS:		CELL PHONE:	
CITY/STATE/ZIP CODE:			
E-MAIL ADDRESS :			
If younger than 18, state your age here:			
Are you legally entitled to work in the United States:** <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>**Compliance with I-9 requirements is mandatory, upon employment.</i>			
If you have ever been convicted of a crime(s), explain here: <input type="checkbox"/> No convictions			
Answer these questions for all positions requiring the use of a vehicle:			
Have you ever been convicted of a moving traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list here:			
Have your driving privileges ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list here:			
Do you currently hold a Commercial Driving License? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

HIGH SCHOOL:		ADDRESS:	
HIGHEST GRADE COMPLETED/OR GED:		GRADE POINT AVERAGE:	
COLLEGE NAME AND ADDRESS:			
COLLEGE NAME AND ADDRESS:			
DID YOU GRADUATE? <input type="checkbox"/> GPA _____ Degree _____ If no, number of hours completed _____ Major _____ Minor _____ If attending, date of graduation _____			
OTHER EDUCATION:			
AWARDS, HONORS, LEADERSHIP ROLES:			

MILITARY not applicable

BRANCH:		SERVICE DATES:	
RANK AT DISCHARGE:		MOS:	
MILITARY EXPERIENCE THAT MAY BE APPLICABLE:			

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training:

(Examples: cash register, small tools, forklift, computers, etc.)

2. Salary expected: _____ per Hour

3. Number of hours you are available per week? _____ or _____ No preference

4. Type of employment sought: _____ Regular full time _____ Regular part time _____ temporary _____ seasonal _____ as needed

5. Which of the following are you available to work: Circle your answer

DAYS YES NO NIGHTS Yes NO

WEEKENDS YES NO HOLIDAYS YES NO SHIFT WORK YES NO

6. INDICATE HOURS YOU ARE AVAILABLE TO WORK ON THE FOLLOWING DAYS (OR CHECK ANYTIME, IF YOU HAVE NO RESTRICTIONS.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
____ TO ____	____ TO ____	____ TO ____	____ TO ____	____ TO ____	____ TO ____	____ TO ____
___ ANYTIME	___ ANYTIME	___ ANYTIME	___ ANYTIME	___ ANYTIME	___ ANYTIME	___ ANYTIME

7. Are you willing and able to perform the essential functions of the job for which you are applying, including travel, if necessary?
 ___ Yes ___ No ___ Don't know *If no, indicate reason ___ Need different hours ___ Need different days
 ___ Need more training ___ Other, (Explain accommodations needed:)

EXPERIENCE: List below all present and past employment, beginning with your most recent employer.

EMPLOYER		STARTING SALARY	_____ PER HOUR OR WEEK
ADDRESS		LAST SALARY	_____ PER HOUR OR WEEK
KIND OF BUSINESS		SUPERVISOR	
JOB TITLE		REASON FOR LEAVING	___ QUIT ___ DISCHARGE ___ RETIRED ___ LAID OFF
DATES EMPLOYED _____ TO _____		WHY?	
FOR JOB REFERENCE, CALL:		AT	
___ PLEASE DO NOT CONTACT THIS EMPLOYER. WHY NOT?			

EMPLOYER		STARTING SALARY	_____ PER HOUR OR WEEK
ADDRESS		LAST SALARY	_____ PER HOUR OR WEEK
KIND OF BUSINESS		SUPERVISOR	
JOB TITLE		REASON FOR LEAVING	___ QUIT ___ DISCHARGE ___ RETIRED ___ LAID OFF
DATES EMPLOYED _____ TO _____		WHY?	
FOR JOB REFERENCE, CALL:		AT	
___ PLEASE DO NOT CONTACT THIS EMPLOYER. WHY NOT?			

EMPLOYER		STARTING SALARY	_____ PER HOUR OR WEEK
ADDRESS		LAST SALARY	_____ PER HOUR OR WEEK
KIND OF BUSINESS		SUPERVISOR	
JOB TITLE		REASON FOR LEAVING	___ QUIT ___ DISCHARGE ___ RETIRED ___ LAID OFF
DATES EMPLOYED _____ TO _____		WHY?	
FOR JOB REFERENCE, CALL:		AT	
___ PLEASE DO NOT CONTACT THIS EMPLOYER. WHY NOT?			

EMPLOYER		STARTING SALARY	_____ PER HOUR OR WEEK
ADDRESS		LAST SALARY	_____ PER HOUR OR WEEK
KIND OF BUSINESS		SUPERVISOR	
JOB TITLE		REASON FOR LEAVING	___ QUIT ___ DISCHARGE ___ RETIRED ___ LAID OFF
DATES EMPLOYED _____ TO _____		WHY?	
FOR JOB REFERENCE, CALL:		AT	
___ PLEASE DO NOT CONTACT THIS EMPLOYER. WHY NOT?			

In the following space, please describe briefly why you are applying for this position:

In the following space, please describe your strengths and talents and how our company will benefit from your work here:

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and this application is not a contract of employment with KENDRICK INC., and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either KENDRICK INC. or me. I understand that no representative of KENDRICK INC., has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of KENDRICK INC., may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of KENDRICK INC.
- V. I understand that I may be required to submit to a pre-employment, and post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize KENDRICK INC., to withhold from my final pay check any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials, health insurance, chainsaws, safety equipment, advances, cell phones or other assets in my possession not promptly returned.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law.

Date: _____ Signature: _____