



# APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.**

3735 Kimwell Drive Winston-Salem, NC 27103  
336-760-0099 fax: 336-760-5880

[www.keiger.com](http://www.keiger.com)

## GENERAL INFORMATION

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Social Security No: \_\_\_\_\_

Wage/Salary Expectation: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary  Overtime

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Advertisement  Friend

Employment Agency  Relative

Other: \_\_\_\_\_  Walk-In

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? If yes, give date  Yes  No

Have you ever been employed with us before? If yes, give date  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Have you ever had any job-related training in the United States Military?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify an application from employment) If yes, please explain: \_\_\_\_\_

Are you currently on "Lay-off" status and subject to recall?  Yes  No

## REFERENCES (Give three references who are not related to you and are not previous employers.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

# EDUCATION HISTORY

## High School

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Name:	Location:	Years completed:
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## College University

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Name:	Location:	Years completed:
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## Continuing Education

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Name:	Location:	Years completed:
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Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any degree/honors you have received:

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State any additional information you feel may be helpful to us in considering your application:

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# EMPLOYMENT EXPERIENCE (Start with your present or last job.)

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1. Employer:	Job Title:	Dates Employed:
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Address:	Supervisor:	Hourly Rate/Salary:
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Phone:	Reason for leaving:
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Work Performed:

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2. Employer:	Job Title:	Dates Employed:
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Address:	Supervisor:	Hourly Rate/Salary:
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Phone:	Reason for leaving:
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Work Performed:

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3. Employer:	Job Title:	Dates Employed:
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Address:	Supervisor:	Hourly Rate/Salary:
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Phone:	Reason for leaving:
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Work Performed:

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(If you need additional space, please continue on a separate sheet of paper.)

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date