



Application for Employment

Kirkpatrick Management Company, Inc.
5702 Kirkpatrick Way,
Indianapolis, IN 46220

An Equal Opportunity Employer

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

Please save this PDF, fill answers electronically, and return as an email attachment

Position(s) Applied for _____ Date of Application _____

Last Name	First	Middle	
Address		City	State Zip
Home Phone ()		Alternate Phone ()	
E-mail address		Date Available for Work	

Best time to contact you at home is: _____ a.m. p.m.

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? Yes No
If yes, provide approximate date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name, relationship, and location: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

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.

Are you available to work
 Full-time
 Part-time Please indicate Mornings Afternoons Evenings
 Temporary Please indicate dates available _____ To _____

If the job requires working weekends and nights, would you be willing to accept it? Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Education

	Name and Address of School	Course of Study	No. of Years Completed	Did you Graduate?	List Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that include race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number	()			
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number	()			
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number	()			
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe any specialized training received in the United States military or other job-related skills and qualifications acquired from employment or other experience.

Skills Information

<input type="checkbox"/> PC/MAC <input type="checkbox"/> Keyboarding <div style="text-align: right; margin-right: 20px;">_____ WPM</div>	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand <div style="text-align: right; margin-right: 20px;">_____ WPM</div>	Production/Mobile Machinery List <hr/> <hr/> <hr/>	Other (list) <hr/> <hr/> <hr/>
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Have you ever been convicted of a crime in the past ten years excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?
 Yes No If "Yes," describe in full.

Personal / Professional References <i>Do not include any family members or past supervisors.</i>			
Name	Telephone Number	Best time to Call	Occupation
	()		
	()		
	()		

What is your desired salary range? \$ _____ Hour Year *This must be completed.*

List the Benefits You Are Currently Provided				
Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount of your Contribution	\$
Dental Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount of your Contribution	\$
Vision Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monthly Amount of your Contribution	\$
Vacation Days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Days	
Sick Days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Days	

Applicant's Statement:

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

I understand that all information of this application is subject to verification.

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 application are being accepted at that time.

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

I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature	Date
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By typing my name above, I agree to the applicant statement above, and verify that all information provided is complete, true and accurate.