



# Application for Employment

5702 Kirkpatrick Way  
Indianapolis, IN 46220

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 legal protected status.

Position applying for \_\_\_\_\_ Date of Application \_\_\_\_\_

<b>First Name</b>	<b>Middle</b>	<b>Last</b>
<b>Present Address</b>	<b>City</b>	<b>State/Zip</b>
<b>Home Phone</b>	<b>Alternate Phone</b>	
<b>Email Address</b>	<b>Date Available for Work</b>	

The best time to contact you would be: \_\_\_\_\_  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 even filled out an application with us before?  Yes  No  
If yes, provide approximate date: \_\_\_\_\_

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

\_\_\_\_\_

Are you currently employed?  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? *Proof of citizenship or immigration status required upon employment*  Yes  No

Are you available to work:  
 Full-time  Part-time  Temporary  Seasonal

Have you ever worked for us before?  Yes  No

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

Can you travel if the position requires it?  Yes  No

## EDUCATION

	Name/Address of School	Major	Years Completed	Did you Graduate?
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

## PRIOR WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Years Employed	
State		From	To
Telephone Number			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	Final
Work Performed			
Reason for Leaving			
May we contact?			

Employer		Years Employed	
State		From	To
Telephone Number			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	Final
Work Performed			
Reason for Leaving			
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Telephone Number			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	Final
Work Performed			
Reason for Leaving			
May we contact?			

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

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**SKILLS INFORMATION**

- PC                       Acrobat                       Microsoft Excel                       Microsoft Word  
 MAC                       Zoom                       PowerPoint

List other related skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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**Personal/Professional References.** *Do not include family members or past supervisors.*

1. Name \_\_\_\_\_ Company \_\_\_\_\_  
Email \_\_\_\_\_ Telephone number \_\_\_\_\_

2. Name \_\_\_\_\_ Company \_\_\_\_\_  
Email \_\_\_\_\_ Telephone number \_\_\_\_\_

3. Name \_\_\_\_\_ Company \_\_\_\_\_  
Email \_\_\_\_\_ Telephone number \_\_\_\_\_

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

**List The Benefits (if any) You Currently Receive**

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	_____
Personal Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Days	_____

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**APPLICANT 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 in this application is subject to verification.

This application for employment shall be considered active for a period 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 that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Kirkpatrick is of an "at will" nature, which means that the employee may resign at any time or Kirkpatrick may discharge the 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.

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

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**APPLICANT SIGNATURE**

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**DATE**