

KPM, LLC
18661 Comstock Circle
Middleburg Heights, OH 44130

APPLICATION FOR EMPLOYMENT

DATE: _____

APPLICANT _____

POSITION PREFERENCE _____

LOCATION _____

An Equal Opportunity Employer

We are an equal opportunity employer and do not discriminate because of age, race, sex, religion, military status, national original, marital status, or disability. Please notify us of any needed accommodation(s) to complete the application process.

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PERSONAL INFORMATION

(Please print and use ink)

Name: _____ **SS #** _____

Street Address/City/Zip: _____

Home Phone: () _____ **Bus. Phone:** () _____

EMPLOYMENT PREFERENCES:

Do you prefer: ___ Full-time? If full-time: ___ Daytime? ___ Evening? ___ Weekends?

 ___ Part-time? If part-time: ___ Daytime? ___ Evening? ___ Weekends?

Pay expected: \$ _____ per _____

___ Check here if you would consider temporary employment

___ Check here if interested in seasonal work. Please indicate dates available: _____

GENERAL INFORMATION

Have you ever been terminated for cause: ___ Yes? ___ No?

Non-U.S. Citizens Only: Are you legally eligible to work in the United States? ___ Yes ___ No

If Yes, please indicate type of work permit and expiration date: _____

Have you ever been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses? ___ Yes ___ No

If yes, please explain: _____

EDUCATION

Level	Name & State of School	Major/Minor	Recognition of Completion	Grade Point Average	Degree Description
High School			Diploma? ___ Yes ___ No		
Vocational or Technical School			Certificate? ___ Yes ___ No		
College			___ Some College ___ Undergraduate. Deg. ___ Currently Pursuing		
College			___ Some College ___ Undergraduate. Deg. ___ Currently Pursuing		
Graduate School			___ Some College ___ Undergraduate. Deg. ___ Currently Pursuing		

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Any other special training or skills? (typing, WPM, real estate courses, languages, computer software, licenses, etc.)

EMPLOYMENT HISTORY
(please list most recent first)

To assist us in verifying references, please complete all information accurately and be sure to indicate the employer's current address and phone number

EMPLOYER _____	Telephone () _____
Street Address _____	City _____ State _____ Zip Code _____
Date Started (M/Y) _____	Date Ended (M/Y) _____ Title/Position _____
Name of Last Supervisor _____	Salary (Per hr., Wk. or Mo.) _____
Reason for Leaving _____	
May we contact for a reference at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, reason : _____	
If yes, state the name under which you were employed if different then now: _____	
Brief description of your responsibilities: _____	

EMPLOYER _____	Telephone () _____
Street Address _____	City _____ State _____ Zip Code _____
Date Started (M/Y) _____	Date Ended (M/Y) _____ Title/Position _____
Name of Last Supervisor _____	Salary (Per hr., Wk. or Mo.) _____
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ADDITIONAL REFERENCES:

Name: _____	Position _____
Relationship to you _____Telephone (____) _____
Name: _____	Position _____
Relationship to you _____Telephone (____) _____

ADDITIONAL COMMENTS

_____ _____ _____

APPLICANT SIGNATURE

<p>I warrant that the representations made by me on this application are true, complete and correct. I understand that misrepresentation of any material fact may subject me to possible dismissal.</p> <p>In consideration of my employment, I agree my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either KPM, LLC or myself. I understand that no representative of KPM, LLC has any authority to enter into any other agreement with me for my employment for any specified period of time, or to make any agreement contrary to the foregoing. During any period of employment, I agree to adhere to the rules and regulations of KPM, LLC.</p> <p>I authorize KPM, LLC to conduct investigations into any matters referred to in this application in order to obtain any required information concerning my application. I hereby release those individuals, institutions, corporations, partnerships and other legal entities connected therewith from any legal liability to me by reason of furnishing such information.</p> <p>All applicable data on this form has been completed by me and is true.</p> <p>Signature of Applicant _____ Date _____</p>
