



APPLICATION FOR EMPLOYMENT FOR
KMS LLC of Pennsylvania
100 PARRY STREET
LUZERNE, PA 18709

AN EQUAL OPPORTUNITY EMPLOYER
PLEASE FAX COMPLETED APPLICATION TO:

570.338.0201

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____ SOCIAL SECURITY # _____
 PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
 ARE YOU 18 YEARS OR OLDER? YES NO PHONE _____

DESIRED EMPLOYMENT

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____
 ARE YOU EMPLOYED NOW? YES NO IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO
 EVER APPLIED TO THIS COMPANY BEFORE YES NO WHERE _____ WHEN _____
 EVER WORKED FOR THIS COMPANY BEFORE YES NO WHERE _____ WHEN _____
 REASON FOR LEAVING _____

NAME OF LAST SUPERVISOR AT THIS COMPANY _____

WHO REFERRED YOU TO THIS COMPANY? WALK-IN EMPLOYMENT AGENCY NEWSPAPER ADVERTISING FRIEND
 STATE EMPLOYMENT AGENCY COLLEGE PLACEMENT SERVICE OTHER

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | # OF YEARS ATTENDED | DID YOU GRADUATE | SUBJECT STUDIED |
|--|-----------------------------|---------------------|------------------|-----------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILL _____

FORMER EMPLOYERS

LIST YOUR LAST THREE EMPLOYERS BELOW, STARTING WITH THE MOST RECENT

NAME OF CURRENT OR LAST EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING DATE _____ LEAVING DATE _____ JOB TITLE _____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

MAY WE CONTACT YOUR SUPERVISOR? YES NO NAME OF SUPERVISOR _____

JOB TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF CURRENT OR LAST EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING DATE _____ LEAVING DATE _____ JOB TITLE _____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

MAY WE CONTACT YOUR SUPERVISOR? YES NO NAME OF SUPERVISOR _____

JOB TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF CURRENT OR LAST EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING DATE _____ LEAVING DATE _____ JOB TITLE _____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

MAY WE CONTACT YOUR SUPERVISOR? YES NO NAME OF SUPERVISOR _____

JOB TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES

GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ON YEAR.

1. NAME _____ BUSINESS _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
YEARS ACQUAINTED _____ PHONE _____

2. NAME _____ BUSINESS _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
YEARS ACQUAINTED _____ PHONE _____

3. NAME _____ BUSINESS _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
YEARS ACQUAINTED _____ PHONE _____

SERVICE RECORD

BRANCH OF SERVICE _____ DISCHARGE DATE _____ RANK _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO

IF YES EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I Authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date _____ Signature _____