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**application for employment**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please type or print in ink, incomplete or illegible applications will not be accepted.**

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| --- | --- |
| Position Applied For: | Date of Application: |

**PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
| Name: | | Social Security (Voluntary): |
| Present Address (Number, Street, City, State, and Zip Code): | | |
| E-mail Address: | | |
| Main Phone: | Alternate Phone: | |

|  |  |  |
| --- | --- | --- |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | Yes | No |
| Can you, after employment, submit proof of your legal right to work in the United States? | Yes | No |
| Have you ever worked for the Koff & Associates before? | Yes | No |
| Do you have any friends or relatives that work here?  If yes, please provide name(s): | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Please check all that apply: |  | | |
| Types of work you will accept: | Full-Time | Part-Time |  |
| Types of shifts you will accept: | Day | Evening | Night |
|  | Rotating | Weekends | On-Call |
| Salary Requirements: | | | |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | School | Course of Study | No. of Years Completed | Diploma or Type of Degree |
| High School |  |  |  |  |
| College / University |  |  |  |  |
| Graduate / Professional |  |  |  |  |
| Trade / Correspondence |  |  |  |  |
| Other |  |  |  |  |

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. A resume may be attached, but does not substitute for completing this section. (Add additional page(s) if necessary).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates of Employment (Month/Year):** | | **Employer Type of Business** | **Job Title** | **# Supervised** |
| **Start Date:** | **End Date:** |
| **Hours per week:** | | **Street Address City State/Zip Code** | **Name, title, and phone number of supervisor** | |
| **Hourly or Monthly salary:** | |
| **Reason for leaving:** | | **Role and Duties:** | | |
| **Dates of Employment (Month/Year):** | | **Employer Type of Business** | **Job Title** | **# Supervised** |
| **Start Date:** | **End Date:** |
| **Hours per week:** | | **Street Address City State/Zip Code** | **Name, title, and phone number of supervisor** | |
| **Hourly or Monthly salary:** | |
| **Reason for leaving:** | | **Role and Duties:** | | |
| **Dates of Employment (Month/Year):** | | **Employer Type of Business** | **Job Title** | **# Supervised** |
| **Start Date:** | **End Date:** |
| **Hours per week:** | | **Street Address City State/Zip Code** | **Name, title, and phone number of supervisor** | |
| **Hourly or Monthly salary:** | |
| **Reason for leaving:** | | **Role and Duties:** | | |
| **Dates of Employment (Month/Year):** | | **Employer Type of Business** | **Job Title** | **# Supervised** |
| **Start Date:** | **End Date:** |
| **Hours per week:** | | **Street Address City State/Zip Code** | **Name, title, and phone number of supervisor** | |
| **Hourly or Monthly salary:** | |
| **Reason for leaving:** | | **Role and Duties:** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you ever been terminated or asked to resign from any job? If yes, please explain circumstances: | | | Yes | No | | |
| Please explain fully any gaps in employment history. | | |  |  | | |
| May we contact your current employer? | Yes | No | | | | |
| If not, please explain:  (Please note, at a later point in the recruitment process we may want to contact your current employer to verify employment. We will notify you ahead of time before contacting your current employer.) | | | | | | |
| At a later point in the recruitment process, will you agree to a pre-employment background check? | | | | | Yes | No |

**PREVIOUS EXPERIENCE**

|  |
| --- |
| Describe any specialized training, apprenticeship, skills, and qualifications you feel are relevant to the position for which you are applying. |

**LICENSES/CERTIFICATIONS/REGISTRATIONS**

|  |
| --- |
| Please list all licenses, certifications, and registrations that you hold that you feel are relevant to the position for which you are applying. |

**PROFESSIONAL REFERENCES**

(You will be given notice if we get to the point in the recruitment process of contacting your references.)

|  |  |
| --- | --- |
| Name | Contact Information (Address, Telephone, and/or Email) |
|  |  |
|  |  |
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**ADDITIONAL INFORMATION**

|  |
| --- |
| State any additional information you feel may be helpful to us considering your application. |

**KOFF & ASSOCIATES IS AN EQUAL OPPORTUNITY EMPLOYER**

**Applicant's Statement & Agreement:**

I understand that Koff & Associates may investigate my driving record and my criminal record. I further understand that Koff & Associates may contact my previous employers and I authorize those employers to disclose to Koff & Associates all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to Koff & Associates, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide Koff & Associates with any pertinent information they may have regarding myself.

I hereby state that all the information that I provide on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal immigration laws require me to complete an I-9 Form in this regard.

If you have any questions regarding this statement, please ask a Koff & Associates representative before signing.

**I hereby acknowledge that I have read the above statements and understand the same.**

**your signature below indicates you have read,**

**understand and agree to be bound by the statement and agreement**

Signature of Applicant Date

**this application will be considered active for a maximum of ninety (90) days. if you wish to be considered for employment after that time, you must reapply.**

**I certify that all of the information I have PROVIDED on this application is true and correct.**

Signature of Applicant Date

Please complete the form below which shall be removed before the application is processed.

In accordance with State Law, the information requested below shall be used for statistical purposes only. It will enable the company to evaluate more effectively its recruitment and selection procedures. This information will be kept confidential and separate from the application form. Refusing to provide this information will have no impact on the evaluation process. Thank you for your assistance.

NAME:

POSITION APPLYING FOR:

AGENCY:

MALE  FEMALE

**RACE OR ETHNIC IDENTITY (Please check all that apply)**

|  |  |  |
| --- | --- | --- |
| Hispanic or Latino |  | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| White (not Hispanic or Latino) |  | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| Black or African American (not Hispanic or Latino) |  | A person having origins in any of the black racial groups of Africa. |
| Native Hawaiian or Pacific Islander (not Hispanic or Latino) |  | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| Asian (not Hispanic or Latino) |  | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| American Indian or Alaskan Native (not Hispanic or Latino) |  | A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| Two or More Races (not Hispanic or Latino) |  | All persons who identify with more than one of the above five races. |

***An Equal Opportunity Employer***

**JOB SOURCE INFORMATION**

Please indicate where you learned of this job vacancy:

Website (please specify):

Job flyer

Professional Journal or Newsletter (please specify):

*Jobs Available*

Friend or Relative

Other (please specify):