

# ***Kamplain Machine Company***

6360 LaPaz Trail, Indianapolis, Indiana 46268-2511

Phone 317-388-9111 Fax 317-388-9124

www.kamplainmachine.com

## **Application for Employment**

POSITION OF INTEREST \_\_\_\_\_

### **INSTRUCTIONS:**

Kamplain Machine Company, Inc. (KMC) is an equal opportunity employer. All qualified candidates receive consideration for employment without regard to race, color, religion, sex or disability or any other basis prohibited by law. KMC will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities. I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by KMC. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that KMC has the right to modify, amend or terminate policies, practices, benefit plans or other programs within the limits and requirements imposed by law.

**1. PLEASE PRINT IN INK OR TYPE YOUR APPLICATION. COMPLETE ENTIRE PPLICATION AND SIGN APPLICATION.**

**2. PLEASE LET US KNOW IF YOU NEED ANY REASONABLE ACCOMMODATION TO THE APPLICATION PROCESS (E.G.: AN ADAPTIVE AID TO USE A COMPUTER KEYBOARD) IN ORDER TO BE ABLE TO DEMONSTRATE YOUR SUITABILITY FOR THE JOB.**

### **PERSONAL DATA**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
HOME PHONE WORK PHONE MOBILE PHONE

Social Security Number: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_ Full-time or Part-time (please circle)

How did you hear about Kamplain Machine Company? \_\_\_\_\_

If you were referred by one of our employees, please indicate their name. \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

Are you a U.S. citizen or an alien legally entitled to work in the position for which you have applied? Yes \_\_\_ No \_\_\_

Are you a Veteran? Yes \_\_\_ No \_\_\_

Have you ever been convicted or pled guilty to a felony or misdemeanor other than a minor traffic violation? Yes \_\_\_ No \_\_\_

If yes, please give an explanation \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? Yes \_\_\_ No \_\_\_

If yes, please state the employer and dates of employment. \_\_\_\_\_

<b>EDUCATION</b>	<b>Name/Address</b>	<b>Major/Minor</b>	<b>Graduate Y or N</b>	<b>Degree</b>
High School				
Business/Trade				
College/University				
Graduate School				

**PREVIOUS EMPLOYMENT**

Start with your present or most recent job. If you need additional space, continue on a separate sheet of paper.

<b>EMPLOYER NAME</b>	<b>DATES OF EMPLOYMENT</b> FROM TO
<b>ADDRESS</b>	<b>SALARY</b> STARTING ENDING
<b>SUPERVISOR</b> <b>PHONE NUMBER</b>	<b>REASON FOR LEAVING</b>
<b>YOUR TITLE</b>	<b>MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?</b> YES _____ NO _____
<b>DESCRIBE YOUR RESPONSIBILITIES</b>	

EMPLOYER NAME	DATES OF EMPLOYMENT FROM TO
ADDRESS	SALARY STARTING ENDING
SUPERVISOR PHONE NUMBER	REASON FOR LEAVING
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ADDRESS	SALARY STARTING ENDING
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DESCRIBE YOUR RESPONSIBILITIES	

**READ CAREFULLY BEFORE SIGNING BELOW**

I certify that this application was completed by me and that all entries are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may void this application or result in discharge at any time after employment. I authorize KMC to make such investigations and inquiries of my personal, employment, education, financial, and other related matters as may be deemed necessary for an employment decision. I hereby release all parties, including but not limited to employers, schools, or personal references from liability for any injury or damage that may result from their furnishing information concerning me or any action PTS takes on the basis of such information.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Previous Employment Supplement**

EMPLOYER NAME	DATES OF EMPLOYMENT	
	FROM	TO
ADDRESS	SALARY	
	STARTING	ENDING
SUPERVISOR	REASON FOR LEAVING	
PHONE NUMBER		
YOUR TITLE	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES _____ NO _____	
DESCRIBE YOUR RESPONSIBILITIES		

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	FROM	TO
ADDRESS	SALARY	
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YOUR TITLE	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES _____ NO _____	
DESCRIBE YOUR RESPONSIBILITIES		

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_