



# KNT MANUFACTURING

39760 Eureka Dr. Newark, CA 94560  
PHONE: (510) 896-1699 FAX: (510) 896-1666

## Application for Employment

Date: \_\_\_\_\_

### PERSONAL INFORMATION:

|  |  |                         |                          |  |                          |
|--|--|-------------------------|--------------------------|--|--------------------------|
| Last Name:   |  | First Name:             |                          | Middle Name:   |                          |
| Street Address:  |  |                         |                          | Apartment/Unit #:  |                          |
| City:  |  | State:                  |                          | Zip Code:  |                          |
| Home Phone:  |  | Date of Birth:          |                          | Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female |                          |
| Mobile Phone:  |  | Emergency Contact:      |                          | Telephone:   |                          |
| Email:   |  | Social Security No.:    |                          | Are you seeking: Full-Time or Part-Time?                                 |                          |
| Position Applying For:   |  | Date Available to work: |                          | Desired Salary:  |                          |
| Are you at least 18 years of age?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| If no, could you provide proof of your eligibility to work?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| Are you a citizen of the United States?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| If no, could you provide proof of your eligibility to work?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| Are you currently employed?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| If yes, may we contact your current employer?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| Have you ever worked for this company?   |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
|  |  |                         |                          |  | If so, when?             |
| Will you travel if a job requires it?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| Will you work over time?   |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
| Have you ever been convicted of a felony?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
|  |  |                         |                          |  | If yes, explain:         |
| Do you have a valid Driver's License?  |  | Yes                     | <input type="checkbox"/> | No   | <input type="checkbox"/> |
|  |  |                         |                          |  | If yes, print your DL#:  |
| Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native |  |                         |                          |  |                          |

### EDUCATION AND TRAINING:

| School               | Name and Address of School | Course of Study | # of Years | Did You Graduate?   | List Diploma/Degree |
|----------------------|----------------------------|-----------------|------------|---|---------------------|
| High School          |                            |                 |            | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> | Diploma or GED?     |
| Undergraduate School |                            |                 |            | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                     |
| Graduate School      |                            |                 |            | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                     |
| Other (Specify)      |                            |                 |            | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                     |

Please state any additional information and skills you feel may be helpful to us in considering your application:

### EMPLOYMENT HISTORY - Complete this section, even if a resume is attached.

Start with your current or most recent job. Include any job-related military service assignments and volunteer activities.  
You may exclude any organizations dedicated to race, color, religion, gender, national origin, disabilities or other protected status.

|                     |                       |                     |  |                             |
|---------------------|-----------------------|---------------------|--|-----------------------------|
| Company Name:       | Employed (Month/Year) |                     | Work performed/Responsibilities:             |                             |
|                     | From:                 | To:                 |  |                             |
| Address:            | Hourly/ Salary Rate:  |                     |  |                             |
|                     | Beginning \$:         | Ending \$:          |  |                             |
| Name of Supervisor: |                       | Telephone Number:   | May we contact? Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Supervisor's Title: |                       |                     |  |                             |
| Your Job Title:     |                       | Reason for Leaving: |  |                             |

|                     |                       |            |  |
|---------------------|-----------------------|------------|--|
| Company Name:       | Employed (Month/Year) |            | Work performed/Responsibilities:   |
|                     | From:                 | To:        |  |
| Address:            | Hourly/ Salary Rate:  |            |  |
|                     | Beginning \$:         | Ending \$: |  |
| Name of Supervisor: |                       |            | Telephone Number:  |
| Supervisor's Title: |                       |            | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your Job Title:     |                       |            | Reason for Leaving:  |

|                     |                       |            |  |
|---------------------|-----------------------|------------|--|
| Company Name:       | Employed (Month/Year) |            | Work performed/Responsibilities:   |
|                     | From:                 | To:        |  |
| Address:            | Hourly/ Salary Rate:  |            |  |
|                     | Beginning \$:         | Ending \$: |  |
| Name of Supervisor: |                       |            | Telephone Number:  |
| Supervisor's Title: |                       |            | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your Job Title:     |                       |            | Reason for Leaving:  |

**PROFESSIONAL REFERENCES** - Please do not include family members

| Name | Address and Phone Number | Occupation |
|------|--------------------------|------------|
|      |                          |            |
|      |                          |            |
|      |                          |            |

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

*Please read carefully before signing.*

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

KNT Manufacturing is an equal opportunity employer and will consider applicants for all positions without regard to race, age, color, religion, marital status, nation origin, disability, veteran status or any other legally protected status.

No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work.

KNT Manufacturing will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.

I understand that, if selected, I will be required to provide proof of my identity and legal right to work in the United States prior to actual employment at KNT Manufacturing.

In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies of KNT Manufacturing.

I also understand that KNT Manufacturing reserves the right to change wages, hours and working conditions as deemed necessary and that no representative of KNT Manufacturing has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing.

I understand that I have entered into my employment relationship with KNT Manufacturing voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or KNT Manufacturing can terminate the relationship at will, with or without cause, at any time.

My signature below certifies that I have read, understand and agree with the contents of the statement as though the provisions had been my own.

\_\_\_\_\_  
Applicant's Signature:                      Name Printed:                      Date: \_\_\_\_\_

|                             |   |
|-----------------------------|---|
| <b>KNT OFFICE USE ONLY</b>  |   |
| Title:                      | Start Date:   |
| Work Shift:                 | Full Time: _____  |
|                             | Part Time: _____                      Hours per Week: _____ |
| Department:                 |   |
| Pay Rate \$ _____ Per _____ | Employee # _____  |