



We appreciate your interest in KENTWOOL. We will not discriminate based upon race, color, religion, sex, national origin, citizenship, age, height, weight, marital status, disability, familial status, veteran status or any other protected category. Individuals with disabilities may request accommodation in the application process. We are an Equal Opportunity Employer.

PERSONAL

Last Name	First	Middle	Today's Date
Street Address			
City, State, Zip		Primary Phone	<input type="checkbox"/> mobile <input type="checkbox"/> landline
		()	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Date Available to work:	
List any friends or relatives that work here:			

EMPLOYMENT DESIRED

Position(s) applying for :	Desired pay:
Type of work sought: Full time _____ Part time _____ Overtime _____ Other _____	
Shift desired: 1 st shift _____ 2 nd shift _____	
Please list any special training or skills (Languages, machine operation, etc.).	

EDUCATION

School	Name and Location	# of Years Completed	Did you Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE

List all former and current employers with the most recent employer

Employer	Telephone ()
Address	Employed-(Please indicate month and year) From To
Name of Supervisor	Reason for leaving
State Job Title and Describe Work Performed	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone ()
Address	Employed-(Please indicate month and year) From To
Name of Supervisor	Reason for leaving
State Job Title and Describe Work Performed	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone ()
Address	Employed-(Please indicate month and year) From To
Name of Supervisor	Reason for leaving
State Job Title and Describe Work Performed	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone ()
Address	Employed-(Please indicate month and year) From To
Name of Supervisor	Reason for leaving
State Job Title and Describe Work Performed	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BE SURE YOU HAVE NOT OMITTED ANY EMPLOYER REGARDLESS OF DURATION AND NATURE
(Request extra paper if necessary)

MILITARY

Did you serve in the U.S. Armed Forces or in a State national Guard? Yes _____ No _____ If yes, in what branch?	
Rank at discharge	Date of discharge
Are you in the reserves? Yes _____ No _____ If yes, date obligation ends: _____	

REFERENCES (Please list two prior supervisors/managers, and one co-workers)

	Name	Company	Relationship	Phone Number
1				
2				
3				

I authorize the references listed above to provide you any and all information concerning my previous employment and any pertinent information they may have and release you and all parties from any liability for any damages that may result from furnishing same to you. I waive notice of the release of such information to the Company.

Disclosure to Employment Applicant

By signing the release below, I hereby authorize KENTWOOL. to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to KENTWOOL. I release from all liability all persons, companies, schools supplying such information. I indemnify KETNWOOL. against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation. I agree and understand that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal Civil Rights statues, must be brought within 180 days of the event, giving rise to the claims or be forever barred. I waive limitation periods to the contrary. I certify that I am not currently bound by any non-compete agreement or other restrictive covenant, which would disqualify or prevent me from becoming employed with the Company. If employed, I understand that if I am or become disabled and I'm in need of accommodations for employment under the Americans With Disability Act, I must notify the Company's Human Resources Manager in writing. In consideration of my employment, I agree to conform to the rules and regulations of the company. I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the Company or myself. I further acknowledge that no one has made any representations or statements contrary to the Company's At Will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representation or statements to the contrary in the future. I certify the information in this application is complete and correct to the best of my knowledge and that all information I have provided in this application is accurate, true and correct. I

understand that any falsification, misrepresentation or omission of this information is grounds for a rejection of this application or dismissal of any employment if I am hired. I certify I fully understand the terms of this Disclosure to Employment Application.

PRINT – Applicant Name

SIGNATURE – Applicant

Date