



KENSINGTON
E L E C T R O N I C S inc.

EMPLOYMENT APPLICATION

The Company is an Equal Opportunity Employer and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, sexual orientation, marital status, national origin, citizenship, ancestry, disability (physical and/or mental), veteran status, or any other legally protected basis.

POSITION APPLIED FOR: _____ **DATE OF APPLICATION:** _____

How did you learn of this Opening:

Newspaper ad _____ Employment Agency _____ Friend _____ Relative _____

Walk in _____ Internet _____ Other _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Other names by which you have been known (or other information to enable a check on your work and education record): _____

Street Address: _____ City/Zip Code: _____

Years at this address: _____ Home Phone: _____ Pager/Voice Mail: _____

Social Security No.: _____ Have you been employed here before? ___ No ___ Yes

Dates: _____ What position did you hold? _____ Supervisor: _____

Reason for Leaving:

Full Time: ___ Part Time: ___ Shift or hours preferred: _____ Date you can begin: _____

If under 18 years of age, can you provide a work permit, if hired? _____ Yes _____ No

Not Applicable _____

If offered employment, can you provide verification of your legal right to work in the United States?

Yes _____ No _____



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List membership in professional (job related) organizations, groups, clubs, etc., which you wish to disclose (Please omit those which indicate your race, religion, color, national origin, ancestry, sexual orientation or age): _____

State branch of military service: Dates of Service: _____

Is there any reason why you would be unable to perform or to safely perform any of the essential functions of the position for which you have applied, (job description attached)? Yes No

If "Yes," please explain:

SKILLS

Computer Programs: _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for the position for which you are applying? If yes, please explain: _____

If driving is a requirement of the job, do you have a current, valid driver's license? Yes No

Note: Continued employment may be contingent upon your maintaining a current, valid driver's license if driving is a requirement of your position.

Driver's License No.: _____ Expiration Date: _____

Do you have any restrictions on your driver's license at this time? Yes No If Yes, please explain: _____

Have you ever had your driver's license suspended or revoked: Yes _____ No _____

Date(s) or revocation or suspension _____ Date(s) or reinstatement: _____

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License/Certification Number: _____ Expiration Date: _____

Type of License/Certification : _____ State of Issuance: _____

Has your License/Certification ever been revoked or suspended: Yes No

If yes, state the reason(s): _____

Date(s) or revocation or suspension _____ Date(s) or reinstatement: _____



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EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other				

WORK EXPERIENCE

Please fully account for all time, including periods of unemployment and any prior employment by this company. Begin with MOST RECENT job. (Use reverse side for additional information.)

Last Employer:	Dates Employed From: _____ To: _____	Work Performed:
Address:	Hourly Rate/Salary: Starting: _____ Final: _____	Job Title/Job Duties:
Telephone Number:	Reason for Leaving:	Supervisor's Name:
May we contact? Yes _____ No _____		
Last Employer:	Dates Employed From: _____ To: _____	Work Performed:
Address:	Hourly Rate/Salary: Starting: _____ Final: _____	Job Title/Job Duties:
Telephone Number:	Reason for Leaving:	Supervisor's Name:
May we contact? Yes _____ No _____		
Last Employer:	Dates Employed From: _____ To: _____	Work Performed:
Address:	Hourly Rate/Salary: Starting: _____ Final: _____	Job Title/Job Duties:
Telephone Number:	Reason for Leaving:	Supervisor's Name:
May we contact? Yes _____ No _____		

APPLICANT'S COMMENTS

Please describe what you expect from an employer or include any remarks you may wish to add including any special qualifications for the position. _____



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APPLICANT STATEMENT

(Please initial each statement)

_____ I hereby certify that all information that I provided on this application or any other documents submitted in connection with my application for employment and any subsequent employment, and provided in any interview is true and correct. I agree to have any of the statements provided by me checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, or presenting misleading information on this application may be considered sufficient cause for immediate termination. I **hereby fully waive any rights or claims that I have or may have against my former employers, their employees and/or agents and release them for any and all such liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such reference information about me, whether favorable or unfavorable.**

_____ If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company at any time and for any reason whatsoever, with or without good cause, and with or without prior notice, at the option of either the Company or myself. That any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the employer and that I am not employed by any written express or implied contract.

_____ No implied, oral, or written agreements contrary to the express language of this at will agreement are valid unless they are in writing and signed by the President of the Company or the President's designee. No supervisor or representative of the Company, other than the President of the Company or the President's designee has any authority to make any agreements contrary to the foregoing.

_____ I agree that if employed, I will abide by all policies and procedures established by the Company. I further understand that if I am required to undertake a physical examination or a drug or alcohol test for pre-employment or employment related purposes, and if I fail to pass any such physical examination including a drug and/or alcohol test, if required, such will result in the revocation of any job offer and may be grounds for termination of employment.

_____ I further certify that I have been informed of the duties of the position for which I am applying and that I can perform the essential functions of the position and that if necessary will inform the Company of any reasonable accommodation that I may require to perform the functions of the position.

Signature of Applicant: _____ Date: _____

Print Name: _____