



P.O. Box 226  
 Edmond, OK 73013  
 (405) 330-0009 Office  
 (405) 330-6688 Fax

# EMPLOYMENT APPLICATION

(EQUAL OPPORTUNITY EMPLOYER)

The following information is requested in order to help us make the best possible placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spent in filling in this application form, Kalidy Enterprises & Development, Inc., in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicaps.

(PLEASE PRINT PLAINLY)

## PERSONAL

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Present Address \_\_\_\_\_  
 STREET CITY STATE ZIP

Telephone No. ( ) \_\_\_\_\_ Email \_\_\_\_\_

Job applied for: Mgmt. \_\_\_\_\_ Crew \_\_\_\_\_ Other \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? Advertisement \_\_\_\_\_ Referred \_\_\_\_\_ Walk-in \_\_\_\_\_ Online \_\_\_\_\_ Other \_\_\_\_\_

Do you want to work Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_? Specify days and hours if part-time \_\_\_\_\_

Please explain experiences, skills, or qualifications which you feel would especially fit you to the job applied for.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offenses, excluding minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full \_\_\_\_\_

(Note: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.)

## WORK HISTORY (List former employers, starting with the most recent. At least 5 years.)

a. Employer's Name b. Address & Phone No.	From Mo./Yr.	To Mo./Yr.	Describe Work	Starting Salary	Salary at Leaving	Reason for Leaving	Supervisor Name/Title/Phone
a. b.							
a. b.							
a. b.							

May we contact the employers listed above? \_\_\_\_\_ Indicate by number any you do not wish to be contacted. \_\_\_\_\_

**PLEASE NOTE: ALL ITEMS ON THE REVERSE SIDE MUST BE COMPLETED.**

## EDUCATION

<p>HIGH SCHOOL NAME OF SCHOOL _____</p> <p>CITY _____ STATE _____</p> <p>(CIRCLE LAST COMPLETED GRADE)</p> <p>9      10      11      12</p> <p>DIPLOMA YES      NO</p>	<p>COLLEGE NAME OF SCHOOL _____</p> <p>CITY _____ STATE _____</p> <p>(CIRCLE LAST COMPLETED GRADE)</p> <p>FR.      SO.      JR.      SR.</p> <p>DEGREE EARNED: _____</p>	<p>BUSINESS, TRADE, OTHER NAME OF SCHOOL _____</p> <p>CITY _____ STATE _____</p> <p>COURSE _____</p> <p>DEGREE/DIPLOMA EARNED: _____</p>
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**UNITED STATES MILITARY SERVICE?** Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

List previous military skills and training relating to job applied for: \_\_\_\_\_

## PERSONAL REFERENCES (Not former employers or relatives)

Please list two references other than relatives or previous employers.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____

## APPLICANT'S PRE-EMPLOYMENT STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of the company, and understand that if hired I will be an "at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no personnel recruiter or interviewer or other representative of the company other than the President of Kalidy Enterprises & Development has any authority to enter into any agreement for employment for any specified period of time.

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after the expiration of 60 days from the date of this application, it will be my duty to fill out a new application and file it with the company. Otherwise, I understand the company will not consider me for employment after the expiration of 60 days from the date of this application.

I understand that if my application is considered favorably, I will be required to produce verification that I meet the necessary age requirements of the job I applied for and verify I am legally entitled to work in the United States before I begin my employment.

I have read the above and by signing below state that I understand and agree to the terms set forth in the above statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_