

KEMP PROPERTIES

Employment Application



PERSONAL INFORMATION

Last Name		First	M.I.	Date
Street Address			Date	
City		State/zip	Phone	
Alternate Phone		E-mail Address		
Date of Birth		Social Security No.	Desired Salary	
Position Applied for		Date Available		
Is your availability limited to specific times? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Are you willing to work flexible hours, which could include weekends and/or overtime?				
Do you plan to engage in other work while in our employ? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				
What languages do you speak, read or write?				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? 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?				

Have you ever (check all that apply): been convicted, pled guilty, pled no contest, or received court-ordered community supervision, deferred adjudication, probation, pretrial diversion, or any other alternative disposition program for any crime (misdemeanors or felonies)? If yes, please provide complete information on all criminal offence(s), date(s), location(s), the nature of any alternative disposition program. Failure to disclose a criminal conviction, plea or alternative disposition will be considered falsification and will result in your ineligibility for employment.

Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at time of conviction, length of time since offence, nature and seriousness of offence and rehabilitation will be considered.

EMERGENCY CONTACT

Name		Relationship	
Work Phone	Home Phone	Cell Phone	

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

LICENSES AND CERTIFICATIONS

Do you have any professional or vocational licenses or certifications that relate to the job for which you are applying for?

YES NO If yes, please describe below.

Have you ever had a license or certification revoked or suspended?

YES NO If yes, explain.

Please list any other information about your personal qualifications, work skills, or abilities which would assist us in considering you.

REFERENCES*Please list three professional references.*

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

PREVIOUS EMPLOYMENT

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DRIVING RECORD

Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>	Current DL#
Expiration Date	State
Has your driver's license ever been revoked, suspended, denied or limited during the past five years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.	
Please list all traffic violations, other than parking tickets, for which you have pled guilty, were convicted of or pled no contest in the past 5 years.	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

ILLEGAL USE OF DRUGS AND MEDICAL EXAM/QUESTIONNAIRE

The job you are applying for required reliable attendance and dependable performance during the contemplated work hours. You may be asked to submit to testing for current illegal use o drugs before or after any offer of employment is made. If a conditional offer of employment is made, you may be asked to take a medical examination or complete a medical questionnaire.

DISCLAIMER AND SIGNATURE

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.

Signature	Date
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NOTE TO APPLICANT: Complete this page *after* completing the first four pages of the Employment Application.

**AUTHORIZATION
BY EMPLOYMENT APPLICANT**

Employer's name _____ Date _____

Applicant's full name _____
(Please use complete names rather than initials. Show any nicknames in parentheses.)

As the Applicant named above, I authorize the Employer and/or its agents to:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resumé, or biographical sheet submitted by Applicant;
2. Obtain information regarding my work habits, skills, and conduct from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from all law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills; and
5. Obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for purposes of my prospective employment or for the employment purposes of promotion, reassignment or retention as an employee. Authority to obtain such work history information expires 365 days from the date of this application.

I further authorize all institutions, agencies, companies, or persons referred to above, to give the Employer and/or its agents all information requested. I release the Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that I may be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.

I understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any medical examination.

I understand that I will be provided a separate disclosure and authorization form if the Employer elects to obtain consumer reports, including but not limited to criminal, income and work history reports, for employment purposes under the federal Fair Credit Reporting Act.

Applicant's Signature

Social Security Number

Applicant's Printed Name

Driver's License Number (or alternative identification)

Street Address

State Issuing Driver's License (or alternative identification)

City/State/Zip Code

NOTE TO APPLICANT: Review and sign this page *after* completing the first five pages of the Employment Application.

**CERTIFICATION
BY EMPLOYMENT APPLICANT**

For purposes of this certification, the term "application" includes this employment application form and any supplemental questionnaire, exhibit, resumé, biographical sheet, or other documents submitted by Applicant.

I certify that all information given on this application and in any resumé and exhibits submitted to the Employer is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver's license or other identification card to verify my identity.

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested, and I authorize the Employer and agencies or companies of the Employer's choice to investigate all information on this application. I authorize the Employer to use any information obtained during the investigation for all matters relating to my suitability for initial or continued employment. I release the Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information. I understand that I will be provided a separate disclosure and authorization form if the Employer elects to obtain consumer reports, including but not limited to criminal, income and work history reports, for employment purposes under the federal Fair Credit Reporting Act.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by the Employer. I understand that the reason for such testing is that the Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to the Employer or its agents. If I refuse to be tested, or if I produce a positive test result for the current illegal use of drugs, I understand that any offer will be withdrawn and that I will not be further considered for employment.

If I receive a conditional offer of employment, I understand that I may be asked to have a medical examination performed by a medical practitioner who is chosen and paid for by the Employer. I further understand I may be asked to complete a medical questionnaire or answer medical inquiries proposed by the Employer. The results of such examinations and/or questions will be communicated to the Employer or its agents. If I refuse to submit to a medical examination or respond to medical questions, I understand that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide documents verifying my identity and right to work in the U.S.A.

If I am employed, I understand that I must comply with the Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by the Employer or myself, without notice and without cause.

I understand that this is an application only and that it does not constitute an offer of employment or an employment contract.

Date _____

Applicant's signature _____

Applicant's printed name _____

**DISCLOSURE AND AUTHORIZATION REGARDING
FEDERAL FAIR CREDIT REPORTING ACT**

The purpose of this disclosure and authorization is to inform you that a consumer report under the federal Fair Credit Reporting Act may be obtained about you as part of (1) the employer's pre-employment background investigation, and (2) if you are hired, at any time during your employment with the employer for the purposes of evaluating your retention, promotion or reassignment as an employee (collectively "employment purposes"). Failure to authorize the consumer reports will result in ineligibility for employment or termination of employment.

I acknowledge receipt of this disclosure and authorize the employer and its agents to obtain consumer reports on me, including but not limited to criminal record checks, as part of the employer's pre-employment background investigation. If I am hired, this authorization shall remain valid and serve as an ongoing authorization for the employer and its agents to obtain consumer reports on me, including but not limited to criminal record checks, for employment purposes at any time during my employment.

I authorize employer to obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for the purposes of my prospective employment or for employment purposes as an employee. Authorization to obtain such work history information expires 365 days from the date of this application.

I release the employer and its agents from any and all claims, damages and liabilities from obtaining and utilizing information about me pursuant to this authorization. This release does not affect my rights under the Fair Credit Reporting Act.

Please acknowledge receipt of this disclosure and authorization for the consumer reports by signing below:

Name of employer _____

Signature of applicant/employee _____

Printed name of applicant/employee _____

Date _____