



APPLICATION FOR EMPLOYMENT

ATTN: Human Resources
 862 Will Carleton Rd.
 Carleton, MI 48117

FAX COMPLETED APPLICATION TO 734-799-4579
 OR EMAIL TO:
WAHLR@KCLOG.COM

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act. Applicants may request accommodations needed to participate in application process.

PERSONAL INFORMATION

Date of application: _____

Name _____
Last First Middle

Present Address _____
Street City State ZIP

Previous Address _____
Street City State ZIP

Phone No. () _____

Referred by _____ Are you 18 years of age or older? Yes or No

Person to be notified in case of EMERGENCY:

Name _____ Relationship _____
 Address _____ Telephone _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____
 Are You Employed Now? Yes or No If So May We Inquire of Your Present Employer? Yes or No
 Ever Applied to this Company Before? Yes or No Where? When?

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received
Grammar School	6 7 8		
High School	1 2 3 4	Yes or No	
College / University	1 2 3 4	Yes or No	
Trade, Business or Correspondence School	1 2 3 4	Yes or No	

GENERAL

Do you have a valid driver's license? Yes No Reliable transportation? Yes No
 Do you have a valid passport book? Yes No
 Have you ever been convicted of a crime? Do not include traffic tickets. Answering Yes does not necessarily exclude you from the hiring process. Yes No If Yes, please explain: _____

Job Related Skills (typing, computer programs, etc.) _____

Employment History

List below your last four employers, starting with the last one first.

Current Employer:

Supervisor:

Address _____ Telephone () _____
Street City State Zip

Position Held _____ From _____ To _____ Rate of Pay _____

Why do you want to change employers?

_____**Former Employer #3:**

Supervisor:

Address _____ Telephone () _____
Street City State Zip

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for Leaving?

_____**Former Employer #2:**

Supervisor:

Address _____ Telephone () _____
Street City State Zip

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for Leaving?

_____**Former Employer #1:**

Supervisor:

Address _____ Telephone () _____
Street City State Zip

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for Leaving?

REFERENCES

List below three persons not related to you, whom you have known at least one year.

Name	Phone Number	Position	Years Acquainted
1			
2			
3			

AUTHORIZATION

To be read and signed by applicant:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient causes for refusal to hire, or dismissal if I have been employed.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that if I am hired by **K C Logistics, or its affiliated companies**, my employment will be "at will"

and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. Employment is contingent on a negative pre-employment drug screen.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____

Date: _____