



**Employment Application**

*An Equal Opportunity Employer*

<b>Date:</b>	<b>Job No.:</b>	<b>Job Applying for:</b>
<b>NAME AND ADDRESS</b>		
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Email Address:</b>
<b>Name (Last, First, MI):</b>		<b>Home Phone:</b>
<b>Mailing Address:</b>		<b>Work Phone:</b>
<b>City, State, Zip:</b>		<b>Message: (If different)</b>

- Are you over 18? Yes ( )      No ( )
- Are you a citizen or legally admitted to seek work in the United States? Yes ( )      No ( )  
 If not a citizen of this country, what type of visa do you hold?  
 \_\_\_\_\_
- Have you worked for 3 Kings, Inc. before? Yes ( )      No ( )
- Do you have any relatives employed by 3 Kings, Inc.? Yes ( )      No ( )  
 If yes, please list name, location, and department?  
 \_\_\_\_\_
- Shift availability?    Days \_\_\_\_\_    Swing \_\_\_\_\_    Graveyard \_\_\_\_\_    Weekend \_\_\_\_\_
- What languages do you:     Speak     Read     Write \_\_\_\_\_

<b>EDUCATION/TRAINING HISTORY</b>				
<b>Do you have a high school diploma <input type="checkbox"/> or a GED <input type="checkbox"/> (check one)</b>				
School:	Name of School and Location	Graduated?		Degree Received/Major Year
<b>High School:</b>		Yes ( ) )	No ( )	
<b>College:</b>		Yes ( ) )	No ( )	
<b>Graduate Work:</b>				
<b>Professional certifications/licences:</b>				
<b>Other Training (Significant job-related training, seminars):</b>				

## MILITARY HISTORY

<b>Have you had previous military experience?</b>		<b>If yes, what country and Branch of Service?</b>	
<b>Date of Entry:</b>	<b>Separation:</b>	<b>Highest rank attained:</b>	<b>Major duties performed:</b>
Honorable Discharge?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>Most Recent Employment:</b>					
<b>Name of Employer:</b>		<b>Employer's address:</b>		<b>Phone number:</b>	
<b>Kind of Business:</b>		<b>Supervisor's Name and Phone Number:</b>			
<b>List the number of employees you supervised and list their job type:</b>		<b>Supervision / Leadwork (Check all that apply)</b> <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance			
<b>From (Month /Year)</b>	<b>To (Month /Year)</b>	<b>Total time in current or last position:</b>	<b>Your Job Title:</b>		
<b>Starting Salary:</b>	<b>Ending Salary:</b>	<b>Reason for Leaving:</b>			
<b>Duties (List all duties you performed)</b>					

<b>Next Prior Employment:</b>					
<b>Name of Employer:</b>		<b>Employer's address:</b>		<b>Phone number:</b>	
<b>Kind of Business:</b>		<b>Supervisor's Name and Phone Number:</b>			
<b>List the number of employees you supervised and list their job type:</b>		<b>Supervision / Leadwork (Check all that apply)</b> <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance			
<b>From (Month /Year)</b>	<b>To (Month /Year)</b>	<b>Total time in current or last position:</b>	<b>Your Job Title:</b>		
<b>Starting Salary:</b>	<b>Ending Salary:</b>	<b>Reason for Leaving:</b>			
<b>Duties (List all duties you performed)</b>					

<b>Next Prior Employment:</b>			
<b>Name of Employer:</b>		<b>Employer's address:</b>	<b>Phone number:</b>
<b>Kind of Business:</b>		<b>Supervisor's Name and Phone Number:</b>	
<b>List the number of employees you supervised and list their job type:</b>		<b>Supervision / Leadwork (Check all that apply)</b> <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance	
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<b>Starting Salary:</b>	<b>Ending Salary:</b>	<b>Reason for Leaving:</b>	
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<b>List the number of employees you supervised and list their job type:</b>		Supervision / Leadwork (Check all that apply) <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance		
<b>From (Month /Year)</b>	<b>To (Month /Year)</b>	<b>Total time in current or last position:</b>	<b>Your Job Title:</b>	
<b>Starting Salary:</b>	<b>Ending Salary:</b>	<b>Reason for Leaving:</b>		
<b>Duties (List all duties you performed)</b>				

<b>PROFESSIONAL REFERENCES:</b>	
In addition to the employers previously listed, please submit the following individuals as work-related or professional references.	
<b>Name:</b> <b>Address:</b> <b>Phone No.:</b>	<b>What is your work/professional relationship:</b>
<b>Name:</b> <b>Address:</b> <b>Phone No.:</b>	<b>What is your work/professional relationship:</b>
<b>Name:</b> <b>Address:</b> <b>Phone No.:</b>	<b>What is your work/professional relationship:</b>

<b>PROFESSIONAL CERTIFICATES AND LICENSES HELD:</b>	
List all Drivers Licenses Classes, Special Training Certificates and Professional Certifications which you currently hold.	
<b>Name:</b> <b>Number</b>	<b>Name:</b> <b>Number</b>
<b>Name:</b> <b>Number</b>	<b>Name:</b> <b>Number</b>
<b>Name:</b> <b>Number</b>	<b>Name:</b> <b>Number</b>

## AGREEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. No facts or circumstances that would affect the use of this record have been knowingly withheld. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.  
(\_\_\_\_\_ Initial here)

**I understand that my employment can be terminated, with or without cause, at any time at either the company's or my discretion. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.**  
(\_\_\_\_\_ Initial here)

I understand the requirements of the job and I grant my prospective employer or agent full authority to verify information I have provided via drivers records criminal corrections, index and register files. (Initial here)

I authorize persons, schools and previous employees and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. (\_\_\_\_\_ Initial here)

I agree to release from all liabilities all persons or corporations supplying such information.  
(\_\_\_\_\_ Initial here)

I also **do** (  ) **do not** (  ) (check one) authorize 3 Kings, Inc. to contact my present employer for the aforementioned information.

\_\_\_\_\_  
Signature

Date

# APPLICANT REGISTER FORM

TODAY'S DATE:

NAME:

POSITION  
APPLIED FOR:

## ① REFERRAL SOURCE:

- \_\_\_\_\_ Newspaper Ad -- Which paper? \_\_\_\_\_
- \_\_\_\_\_ Internet
- \_\_\_\_\_ Rehire/Former Employee
- \_\_\_\_\_ Referred by Friend or Company Employee
- \_\_\_\_\_ Employment Division
- \_\_\_\_\_ Walk in/Other

## ② AFFIRMATIVE ACTION INFORMATION

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- \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE
  
- \_\_\_\_\_ ASIAN \_\_\_\_\_ AMERICAN INDIAN-ALASKAN NATIVE \_\_\_\_\_ BLACK  
\_\_\_\_\_ HISPANIC-OTHER \_\_\_\_\_ HISPANIC-WHITE  
\_\_\_\_\_ NATIVE HAWAIIAN-PACIFIC ISLANDER \_\_\_\_\_ WHITE
  
- VETERAN \_\_\_\_\_ YES \_\_\_\_\_ NO

3 Kings, Inc. is an equal opportunity employer. The information requested is needed to comply with requirements for companies who are federal contractors and subcontractors. Although providing this information is voluntary, your cooperation is appreciated.

Physical requirements for said type of work

Listed below are the general physical requirements by work type:

General Laborer

- Lifting up to 50 lbs
- Standing up to 5 hours
- Climbing a ladder

Asbestos Abatement

- Use a respirator
- Lift up to 50 lbs
- Standing up to 5 hours
- Bending over for up to 5 hours
- Climbing a ladder

Environmental/Hazmat

- Lifting up to 50 lbs
- Working with a shovel
- Climbing a ladder

CDL Driver

- Sitting up to 5 hours
- Lifting up to 50 lbs
- Climbing up a ladder
- Pushing up to 20 lbs
- Pulling up to 20 lbs

Equipment Operator

- Lifting up to 5 hours
- Sitting up to 5 hours
- Climbing up a ladder
- Pushing up to 20 lbs
- Pulling up to 20 lbs

Office/Administrative/Accounting

- Sitting up to 5 hours
- Lifting up to 10 lbs
- Climbing stairs

If you have any physical restrictions for the type of work you are applying for you are required to list below and provide a physician written statement stating you are physically able to meet these requirements.

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Initial that you have read and understand these physical requirements: \_\_\_\_\_ Dated: \_\_\_\_\_