



APPLICATION FOR EMPLOYMENT

KETTLER is an equal opportunity employer and does not discriminate on the basis of race, color, gender, sexual preference, age, religion, creed, national or ethnic origin, marital status, physical handicap, or disability, except where these are bona fide occupational qualifications. All applications are given consideration without regard to the above criteria. Federal laws require that employers hire only those individuals who are authorized to work in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documentation to prove employment authorization

Position applying for _____ Date of Application _____

Desired pay _____ Email Address _____

PERSONAL INFORMATION – PLEASE PRINT CLEARLY

Last Name	First Name	Middle	Are you authorized to work in the U.S.? No Yes
Present Address			
City	State	Zip Code	
Home Telephone Number	Work phone	Mobile phone	
State of Issue & Drivers License #		Social Security Number	
Previous Address (if less than 5 years from present)			

How did you hear about us? Newspaper () Co. website () internet () agency ()
Current employee () Name: _____ other () _____

Do you have any family members or relatives working here? _____ Yes _____ No If yes, please state name(s) and relationship: Name _____ Relationship _____

Have you ever been employed by us? _____ Yes _____ No If yes, when? _____

Have you ever applied for a position with us? _____ Yes _____ No If yes, when? _____

Are you willing to work overtime as necessary? _____ Yes _____ No

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you are applying? _____ Yes _____ No

If yes, please explain _____

Have you ever been discharged from any employment or asked to resign? _____ Yes _____ No

If yes, please explain _____

RELEVANT SKILLS

Please list any skills that you believe are related to the job for which you are applying: _____

RECORD OF EDUCATION

School	Name and Address of School (city, state)	Dates of Attendance	Degree/Diploma Received? Yes/No	Major course of study
High School				
College				
Graduate School				
Other				

Please list all employers that you had during the past 7 years. You may attach additional sheets if necessary. PLEASE PRINT CLEARLY and COMPLETE ALL FIELDS! Incomplete applications will be returned and will not be given considered for employment.

Employer #1:		Job Title:	
Dates of Employment: From: (mo/yr)		To: (mo/yr)	
Describe your duties:			
Ending Salary:		Name & Title of Supervisor:	
Employer Information (Address, telephone number):			
Reason for Leaving:			

Employer #2:		Job Title:	
Dates of Employment: From: (mo/yr)		To: (mo/yr)	
Describe your duties:			
Ending Salary:		Name & Title of Supervisor:	
Employer Information; (Address and telephone number)			
Reason for leaving:			

Employer #3:		Job Title:	
Dates of Employment: From: (mo/yr)		To: (mo/yr)	
Describe your duties:			
Ending Salary:		Name & Title of Supervisor	
Employer Information; (Address and telephone number)			
Reason for leaving:			

Employer #4:		Job Title:	
Dates of Employment: From: (mo/yr)		To: (mo/yr)	
Describe your duties;			
Ending Salary:		Name & Title of Supervisor	
Employer Information; (Address and telephone number)			
Reason for leaving:			

Employer #5:		Job Title:	
Dates of Employment: From: (mo/yr)		To: (mo/yr)	
Describe your duties;			
Ending Salary:		Name & Title of Supervisor	
Employer Information; (Address and telephone number)			
Reason for leaving:			

Are you currently employed? ____ Yes ____ No May we contact that employer? ____ Yes ____ No

Explain any gaps in work history: _____

In order to check your work and education records, should we be aware of any change of name or assumed name that you previously used? ____ Yes ____ No if yes, identify _____

PROFESSIONAL REFERENCES

Name and Relationship	Dates Known	Telephone

**This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.**

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

If hired, I agree to conform to the rules, regulations, and policies of KETTLER and acknowledge that these rules, regulations, and policies may be changed, interpreted, withdrawn or added to by KETTLER at any time without prior notice to me.

At any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising KETTLER: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; and (2) whether I can perform the job without posing a direct threat to the safety of myself or others.

I understand that my employment is terminable-at-will and that I am not being employed for any specific time, and that this application is not and is not intended to be a contract for continued employment and that an offer of employment, if made, may be withdrawn at any time.

I further acknowledge and understand that any offer of employment, if made to me, or employment of me may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either KETTLER or me. I understand that no representative of KETTLER has any authority to enter into any agreement for any specified period of time or assure any other personnel action, either prior to commencement of my employment or after I have become employed, or to assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing, except as set forth in writing by the President.

I understand and agree that a controversy or claim arising out of or relating to the application form, inquires delineated in it, or out of the employment relationship (if the company hires me) shall be settled exclusively by arbitration in accordance with the National Rules for the Resolution of Employment Disputes of the American Arbitration Association ("AAA") and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Any arbitration held under this paragraph shall be conducted by a single, neutral arbitrator, and the arbitration shall be held in McLean, Virginia. The taking of depositions, except to perpetuate the testimony of unavailable witnesses, shall not be permitted in the arbitration proceedings. The parties shall each pay one-half of the AAA's administrative fees for the arbitration and of the neutral arbitrator's fees unless applicable law requires otherwise, not to include any of the costs for the transcripts of the hearing, of depositions to perpetuate the testimony of unavailable witnesses, or any attorney's fees. The arbitrator shall issue a written award listing the issues submitted by the parties, together with a succinct explanation of the manner in which the arbitrator resolved or decided the issue.

Signature of Applicant

Date

Applicants in the State of Maryland only

Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

Applicant's Signature

Date

NOTICE AND ACKNOWLEDGMENT
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Kettler Management Inc. may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **EmployeeScreenIQ, PO Box 22627, Cleveland, OH 44122-0627, 1-800-235-3954, www.employeescreen.com**. The scope of this notice and authorization is all-encompassing, however, allowing Kettler Management Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

You may find information about EmployeeScreenIQ's privacy policy at www.employeescreen.com/privacy.asp.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting EmployeeScreenIQ directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **EmployeeScreenIQ**, another outside organization acting on behalf of Kettler Management Inc. itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

DATE _____

PRINT NAME _____

SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE _____

SOCIAL SECURITY NUMBER _____

Date of Birth (For Background Purposes Only) _____

Drivers License Number _____

State _____

Current Address: _____

Previous Addresses (Last 7 years): _____

Any other names I have been known by (including maiden name): _____