

Killeen Overhead Doors, Inc. 1505 Martin Luther King, Jr. Blvd. Killeen, TX 76543 (254) 690-3667

Employment Application

		Applicant	intorma	ition			
Full Name:						Date:	
A alalma a a .	Last	First			M.I.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:			Email				
Date Available: Social Security No.:				Desired Salary:\$			
Position App	lied for:						
YES NO YES Are you a citizen of the United States? □ □ If no, are you authorized to work in the U.S.? □						NO	
Have you eve	er been convicted of a felo	YES NO ny? □ □					
If yes, explain	n:						
		Edu	cation				
High School:							
From:			YES	NO			
	To:	Did you graduate	? 📙				
College:		Location					
From:	To:	Did you graduate	YES ? 🗆	NO	Degree:		
Trade School:		Location					
From:	To:	Did you graduate?	YES ?	NO	Degree:		
Chasial		General I	nformat	ion			
Special Training:					Relations	ship:	
Special Skills:					Ph	one:	
US Military Svc:					<u>—</u> R	ank:	
O V O.		· · · · · · · · · · · · · · · · · · ·	011			unik	
Co. Name &	Pre	vious Employment	- Start	with las			
Location:					Phone:		
To:	From:				Supervise	or:	
Job Title: Responsibilit	ies:		Keas	son for Le	aving:		
Co. Name & Location:					Phone:		
-	From:				Supervise	Or:	
To:	ГІОПІ.				Supervisi	JI.	

Job Title:	Reason for Leaving:						
Responsib	ilities:						
Co. Name Location:	&	Phone:					
То:	From:		Supervisor:				
Job Title:		Reason for Le	eaving:				
Responsib	vilities:						
		Military Service					
		inintary Scrvice					
Branch:			From:	To:			
Rank at Di	scharge:						
		Disclaimer and Signature					
I certify tha	t my answers are true and comple	te 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.							
information	concerning my previous employm	ntained herein and the references and en nent and any pertinent information they n t may result from utilization of such inforr	nay have, pers				
any specifi		ntative of the company has any authority agreement contrary to the foregoing, unle					
	r does not permit the release or us Act (ADA) and other relevant fede	e of disability-related or medical informa eral and state laws.	tion in a mann	er prohibited by the Americans with			
required, I reports and	understand that, in compliance wit I will also obtain a separate written	criminal records check may be necessal th federal law, the company will provide r n authorization from me to consent to the cult in disqualification from employment.	me with a writte	en notice regarding the use of these			
		red will be required to verify identity and verification document form upon hire.	eligibility to wo	ork in the United States and to			
Signature:				Date:			
		DO NOT WRITE BELOW THIS LIN	1E				
Remarks:							
Manager:							