

APPLICATION FOR EMPLOYMENT
S. I. KINCAID & SONS, INC.
 FAIRFIELD, IL

To Applicants: We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

PLEASE COMPLETE BOTH SIDES OF APPLICATION, ANSWER ALL QUESTIONS, AND SIGN.

GENERAL INFORMATION

Name in full _____
FIRST
MIDDLE
LAST

Permanent Address _____
STREET
CITY
COUNTRY
STATE ZIP

Date of Birth _____ (THE AGE DISCRIMINATION ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.)

Social Security No. _____ Phone No. _____

Have you ever been convicted of a crime (other than minor traffic violations)? _____
 When? _____ Where? _____

Have you ever been employed by this company? _____ When? _____ Where? _____

In Case of Emergency Please Notify _____
 Address _____ Phone _____

PHYSICAL CHARACTERISTICS

Any health problems or physical defects which would prevent you from performing specific kinds of work?

AREAS OF WORK INTEREST

Specific job for which you are applying, if any _____

Type of School	Name and Address	EDUCATION		
		Number of Years Attended	Graduated	Course or Major
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Other				

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with this company?

WORK EXPERIENCE

Start with present or most recent position. You may include summer positions and volunteer work experience.
(You may attach a separate page)

Employer	Address	Dates Employed: From: Mo. Yr. To: Mo. Yr.
Position Title	Base Pay \$ _____ per _____	Commission, bonus or other added compensation
Duties		

Reason for Leaving _____

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Reason for Leaving _____

ACTIVITIES AND ACHIEVEMENTS

(You may exclude those which indicate race, color, religion, sex, marital status,
age or nation origin, handicapped or veteran status.)

Honors (include societies and scholarships) _____

Professional and Technical Assistance _____

REFERENCE

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Telephone

TO BE READ AND SIGNED BY APPLIANT

I certify that the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for separation of employment. If employed, I agree to submit to a physical examination including tests for drug and alcohol use. I hereby authorize former and present employers, except as I have otherwise indicated on this application, as well as physicians, references, and others to provide or verify any information they have regarding me or my employment with them, to Kincaids and release them from any liability arising from the furnishing of any information to Kincaids.

I further agree and understand that except as governed by existing Federal, State, or Local law where applicable, my employment or an offer of employment establishes no guarantee of continued employment or obligation beyond pay for actual work performed at the agreed-upon rate of pay and that employment may be terminated at any time, by myself or the Company, at either party's option and will. I understand that only an officer of the Company may amend these policies & practices and that such amendment must be in writing. I understand that this employment application and any other company documents are not contracts of employment.

If employed, I agree to accept and abide by the policies of Kincaids as may from time to time be established or amended. I further agree to protect the confidence and privacy of any and all information which pertains to the conduct of the Company's business.

Date _____ Signature _____

Your application will be kept active for 6 months. If you wish to renew it after six months, contact the Personnel Office.