



**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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

**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.