

KINGSWOOD COMMUNICATIONS EMPLOYMENT APPLICATION

(PLEASE PRINT OR TYPE IN BLACK INK)

LAST NAME		FIRST NAME		MIDDLE NAME		POSITION APPLIED FOR OR TYPE OF WORK DESIRED:				
STREET ADDRESS			CITY		STATE	ZIP CODE		APPLYING FOR FULL-TIME <input type="checkbox"/> PART-TIME/TEMP <input type="checkbox"/> Email: _____ SALARY EXPECTED: \$ _____		
SOCIAL SECURITY NUMBER		IF NOT U.S. CITIZEN, DO YOU HAVE AUTHORIZATION TO ACCEPT EMPLOYMENT IN U.S.? <input type="checkbox"/> Y / <input type="checkbox"/> N			HM PH: _____ CELL PHONE: _____		WK PH: _____		WHO REFERRED YOU?	
DO YOU HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIEI COMMENT:						NAMES OF RELATIVES WORKING AT UMCOM (INDICATE RELATIONSHIP)				
EVER WORK HERE BEFORE?			APPLY?	WHEN?	DATE AVAILABLE FOR WORK:			WOULD YOU RELOCATE WITHIN U.S.?		
I HAVE HAD EXPERIENCE OR TRAINING AS CHECKED BELOW:										
<input type="checkbox"/> WRITING / EDITING		<input type="checkbox"/> ART & DESIGN		<input type="checkbox"/> SUPERVISION		<input type="checkbox"/> BOOKKEEPING / ACCOUNTING		<input type="checkbox"/> PRINTING		
<input type="checkbox"/> PRODUCING & DIRECTING		<input type="checkbox"/> MARKETING		<input type="checkbox"/> MANAGEMENT		<input type="checkbox"/> SECRETARIAL		<input type="checkbox"/> PHOTOGRAPHY		
<input type="checkbox"/> MEDIA PRODUCTION TECHNICAL		<input type="checkbox"/> COMPUTER		<input type="checkbox"/> CLERICAL		<input type="checkbox"/> DATA ENTRY		<input type="checkbox"/> TYPING / SPEED		
<input type="checkbox"/> OTHER		LANGUAGES YOU READ, SPEAK OR WRITE FLUENTLY:								
EDUCATION	NAME OF SCHOOL		CITY AND STATE		YEAR COMPLETED	CIRCLE YEAR COMPLETED	INDICATE DIPLOMA OR TYPE OF DEGREE	MAJOR(S)	MINOR(S)	AVERAGE GRADE
ELEM. AND HIGH SCHOOL						6 7 8 9 10				
						11 12 GED				
COLLEGE						13 14 15 16				
OTHER										
OTHER										
SCHOOL HONORS AND AWARDS:					SCHOOL ACTIVITIES PARTICIPATED IN AND OFFICES HELD:					
U.S. MILITARY SERVICE	BRANCH		DATES (FROM-TO)		OCCUPATIONAL SPECIALTY		RANK		Have you been convicted of a felony? { } Yes or { } No	
LIST PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR LAST POSITION HELD (WRITE ON THE BACK OF THIS SHEET IF MORE SPACE IS NEEDED.)										
	FROM MO / YR	TO MO / YR	NAME OF COMPANY AND ADDRESS		NAME OF SUPERVISOR	SALARY	PER	WHAT DID YOU DO?	WHY DID YOU LEAVE	
1										
					PHONE:					
2										
					PHONE:					
3										
					PHONE:					
PERSONAL REFERENCES	1	NAME, OCCUPATION				The answers given herein are true and correct to the best of my knowledge. I hereby authorize this company to contact my schools and previous employers for reference information to be held in strict confidence and hereby release the individuals connected therewith from all liability. My present employer <input type="checkbox"/> may <input type="checkbox"/> may not be contacted. DATE: _____ SIGNED: _____				
		ADDRESS								
	2	NAME, OCCUPATION								
		ADDRESS								

Federal and State Civil Rights Acts prohibits discrimination on the basis of race, color, religion, sex, age, national origin or handicapping condition.

Form A/6

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