



**KAUFMAN**  
ENGINEERED SYSTEMS

1260 Waterville-Monclova Rd.  
Waterville, OH 43566  
Phone (419) 878-9727  
Fax: (419) 878-9726

## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Prospective employees will receive consideration without regard to age, color, creed, disability, religion, national origin, race, gender, veteran status or based on any other legally protected characteristic.

**APPLICATION REMAINS ACTIVE FOR 90 DAYS**

Date		Email Address:	
Last Name	First name	Middle Initial	Other Names By Which You Have Been Known
Current Address			
City, State, Zip Code			
Cell Phone #:			
POSITION APPLYING FOR:		Are you able to perform the essential functions of the job for which you are applying? (Only answer if a job description has been provided. (Check One) <b>YES NO</b>	
Valid driver's license <b>Yes No</b>		Are you legally eligible for employment in the U.S.?(Check One) <b>Yes No</b>	
State Issued: _____			
License Number: _____			
Are you 18 or older?		If not, 18 or older, do you have a work permit?	
How did you hear about the position?			

### EDUCATIONAL BACKGROUND (Complete all sections applicable)

High School	Name of School:  Address, City, State	Course of study:  Received Diploma <b>YES NO</b>
College	Name  Address, City, State	Major/Specialization  Type of Degree Received:
Other Studies:	Name  Address, City, State	Course of Study  Type of Certification/Diploma

### PERSONAL REFERENCES (Other than Employers or Relatives) YOU HAVE KNOWN FOR AT LEAST TWO YEARS.

NAME	ADDRESS	TELEPHONE	BUSINESS

**EMPLOYMENT HISTORY (Begin with Last or Present Employer First) CITY, STATE AND TELEPHONE NUMBERS ARE REQUIRED**

EMPLOYER	YOUR JOB TITLE	SUPERVISOR'S NAME/TITLE	
ADDRESS	CITY	STATE/ZIP	TELEPHONE NO.
DATES:	CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:		
FROM:	TO:	SALARY/WAGES AT START:	FINISH:
REASON FOR LEAVING (Check One): If terminated, please state reason below:		Resigned with Notice	Quit (No notice) Terminated
Major Duties Performed:			
EMPLOYER	YOUR JOB TITLE	SUPERVISOR'S NAME/TITLE	
ADDRESS	CITY	STATE/ZIP	TELEPHONE NO.
DATES:	CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:		
FROM:	TO:	SALARY/WAGES AT START:	FINISH:
REASON FOR LEAVING (Check One): If terminated, please state reason below:		Resigned with Notice	Quit (No notice) Terminated
Major Duties Performed:			
EMPLOYER	YOUR JOB TITLE	SUPERVISOR'S NAME/TITLE	
ADDRESS	CITY	STATE/ZIP	TELEPHONE NO.
DATES:	CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:		
FROM:	TO:	SALARY/WAGES AT START:	FINISH:
REASON FOR LEAVING (Check One): If terminated, please state reason below:		Resigned with Notice	Quit (No notice) Terminated
Major Duties Performed:			

I understand that as a prospective employee I may be required to complete pre-employment tests, and a physical examination, which includes a drug and alcohol screening and that any offer of employment is contingent upon the results of those examinations. I further understand that the company will not hire any applicant for employment who tests positive in the drug and alcohol screening.

I authorize the Company and its agents to conduct a background investigation, which includes, but may not be limited to, all statements in this job application, and my personal, employment, medical, criminal, credit/financial history and other related matters as may be necessary in arriving at an employment decision. I authorize any of my former employers or references listed to furnish their records of my services, reasons for leaving their employ, and all other information they may have concerning me, whether or not on record, including inquiry into my financial/credit history. I hereby release any of my former employers, their agents, references, educational institutions, law enforcement agencies, any state or federal bureau, and any credit reporting agencies from all liability for any damage whatsoever in responding to inquiries and furnishing said information during this background investigation.

I understand that my employment can be terminated with or without cause, at any time at the discretion of either the company or myself. I understand that no management or official of the company, except the President, has any authority to enter into any agreement contrary to the foregoing, or to make any oral assurances regarding benefits or promises of continued employment. I further understand and agree that the development and dissemination of policies, procedures, handbooks, or other literature by the company does not now and will not in the future constitute an express or implied contract between the company and its employees.

I hereby certify that all of the information supplied by me on this application for employment is true, and if employed, it is relied upon as a condition of employment. I agree that falsified statement (s) on this application shall be ground for dismissal. I understand that, if employed, the first sixty (60) days of employment are an initial evaluation period.

Applicant's signature

Today's date