

# Application for Employment

Kasa Industrial Controls, Inc.

Kasa Fab, Inc.

418 East Avenue B

PO Box 3647

Salina, KS 67402-3647

[HRMAIL@KASACONROLS.COM](mailto:HRMAIL@KASACONROLS.COM)

The following information is requested in order to help us make the best possible placement with the company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. The company, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record. The company also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified handicapped individuals, and Vietnam era and disabled veterans.

## PLEASE PRINT

The information requested below is necessary for completing certain governmental forms. Please answer all questions.

Position you are applying for \_\_\_\_\_

Company you are applying with  Kasa Industrial Controls, Inc.  Kasa Fab, Inc.

Reference Source:  Advertisement  Employee  Gov. Employment Agency  
 Walk-In  Employment Agency  
 Relative  Other

Name of person who referred you \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

If necessary, best time to call you at home \_\_\_\_\_

Are you currently employed?  YES  NO May we contact you at work?  YES  NO

If YES, work number and best time to call \_\_\_\_\_ Time \_\_\_\_\_

If you are under 18 years of age can you provide required proof of your eligibility to work?  YES  NO

Have you filed an application with us before?  YES  NO If YES, give date \_\_\_\_\_

Have you ever been employed with us before?  YES  NO If YES, give date \_\_\_\_\_

Are you legally eligible for employment in this country?  YES  NO

Proof of U.S. Citizenship or Immigration status will be required upon employment.

Date available for work \_\_\_\_\_

Type of work desired  Full Time  Part Time  Temporary  Shift Work

**AN EQUAL OPPORTUNITY EMPLOYER**

Are you on a lay-off and subject to recall? .....  YES  NO  
 Will you relocate if the job requires it? .....  YES  NO  
 Will you travel if the job requires it? .....  YES  NO  
 Will you work overtime if required? .....  YES  NO  
 Have you ever been bonded? .....  YES  NO  
 Have you been convicted of a felony or misdemeanor within the last 5 years? .....  YES  NO  
 Conviction is not an absolute bar to employment, but will only be considered in relation to specific job requirements.

If YES, please explain \_\_\_\_\_  
 \_\_\_\_\_

Do you understand and agree that you are required to pass a physical examination, and that a drug screen is required and will be included as part of the physical examination? .....  YES  NO

**EDUCATIONAL HISTORY**

LEVEL	NAME	ADDRESS	MAJOR	NO. OF YEARS	DEGREE
HIGH SCHOOL					
COLLEGE					
TRADE SCHOOL OR BUSINESS COLLEGE					

List any other course, workshop, seminar, class, etc. you have attended and/or completed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are applying for a specific position, please take a few minutes to list any specific skills, knowledge, and/or abilities you feel you have that qualify you for the position:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLERICAL AND SECRETARIAL APPLICANTS ONLY**

✓ 1 Check for Knowledge

✓✓ 2 Checks for Experience

Text Editing Typewriter \_\_\_\_\_  
 Keypunch \_\_\_\_\_  
 C.R.T. \_\_\_\_\_  
 Calculating Machine (W.P.M.) \_\_\_\_\_

Dictating Equipment (W.P.M.) \_\_\_\_\_  
 Proofreading \_\_\_\_\_  
 Shorthand \_\_\_\_\_  
 Other \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Please List Most Recent Position First)

<b>DATES (M/D/Y)</b>	<b>NAME/ADDRESS OF EMPLOYER</b>	<b>DESCRIBE WORK PERFORMED &amp; JOB RESPONSIBILITIES</b>	<b>HOURLY/SALARY</b>	<b>REASON FOR LEAVING</b>
From:			Start:	
To:	Telephone: ( ) -	Supervisor's Name/Title:	Final:	Your Job Title:
From:			Start:	
To:	Telephone: ( ) -	Supervisor's Name/Title:	Final:	Your Job Title:
From:			Start:	
To:	Telephone: ( ) -	Supervisor's Name/Title:	Final:	Your Job Title:

**REFERENCES**

<b>NAME</b>	<b>TELEPHONE</b>	<b>BUSINESS</b>	<b>YRS KNOWN</b>

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with company policy. I agree to conform to the rules and regulations of the company, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no personnel recruiter or interviewer or other representative of the company has any authority to enter into any agreement for employment for any specified period of time.

\_\_\_\_\_  
**Authorization Signature of Applicant Date**

# Authorization Release and Request for Information

Kasa Industrial Controls, Inc.  
Kasa Fab, Inc.  
418 East Avenue B  
Salina, KS 67402-3647  
Tel: 785-825-7181  
Fax: 785-825-1663

Applicant: \_\_\_\_\_

SS# \_\_\_\_\_ Please Print Name \_\_\_\_\_

I have made application to Kasa Industrial Controls, Inc./Kasa Fab, Inc. and am required to furnish them a satisfactory reference and record of my service with former employers. I hereby authorize Kasa Industrial Controls, Inc./Kasa Fab, Inc. to send this letter to you. This form will also serve for telephone references.

I hereby expressly authorize and request you to furnish to Kasa a complete history of my employment with you. This includes any information you may have concerning my character, habits, abilities, date of birth, social security number, and the cause of my leaving your employ.

In consideration of your compliance with my request, I hereby expressly release you (and any and all of your officers, members, agents and employees) from any and all liability for damages of any kind or nature which may at any time result to me due to your (or their) compliance or attempt to comply with my request. This applies whether such damage be due to negligence, error or any cause whatsoever.

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Applicant's Signature	Date	Witness
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TO:  
FROM: Kasa Human Resources  
Date: \_\_\_\_\_ Please Respond By: \_\_\_\_\_ Phone/Fax/Mail Reference: \_\_\_\_\_  
Would you please answer these questions and provide any missing or pertinent information? All information received will be held in strictest confidence. Thank you for your time; I appreciate your assistance.

Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

1. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Job Title/Description: \_\_\_\_\_ Ending Pay Rate: \$ \_\_\_\_\_ \ \_\_\_\_\_

3. Attendance: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

4. Was this person able to work without constant supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

5. If policy permitted, would you rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Would you recommend this person for employment? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Reason for leaving: Resignation \_\_\_\_\_ Dismissal \_\_\_\_\_ Violation of Company Policy \_\_\_\_\_