



NAME:			
LAST	FIRST	FULL MIDDLE	SSN
PRESENT ADDRESS:			
STREET	CITY	STATE	ZIP CODE
PERM ADDRESS:			
STREET	CITY	STATE	ZIP CODE
PHONE NUMBER:		E-MAIL ADDRESS:	
ARE YOU RELATED TO ANYONE IN THE COMPANY? _____		REFERRED BY:	
NAME OF EMPLOYEE: _____			

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER?	
EVER APPLIED WITH KMS?	WHERE?	WHEN?

EDUCATION

	SCHOOL NAME/CITY/STATE	NUMBER OF YEARS ATTENDED	DATE GRADUATED	DEGREE/DIPLOMA OBTAINED	SUBJECTS STUDIED
HIGH SCHOOL			Did you graduate?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COLLEGE					
GRADUATE SCHOOL					
OTHER					



GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH:		
LANGUAGES SPOKEN :	WRITTEN :	READ :
U.S. MILITARY SERVICE:		GUARD OR RESERVE DUTY:
FROM:	TO:	RANK:

SPECIAL QUESTIONS

ARE YOU ELIGIBLE TO WORK IN THE U.S.?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
CERTAIN POSITIONS MAY REQUIRE SECURITY CLEARANCES. HAVE YOU EVER BEEN GRANTED A SECURITY CLEARANCE BY AN AGENCY?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, DATE:	
AGENCY:		LEVEL OF CLEARANCE:	
MILITARY OCCUPATIONAL OR SPECIAL SKILLS:			

FORMER EMPLOYERS

LIST LAST FOUR EMPLOYERS (MOST RECENT FIRST) - THIS SECTION MUST BE COMPLETED:				
MONTH & YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FR:	_____	Starting:		_____
TO:	_____	Ending:		
	SUPERVISOR: _____			_____
	PHONE #: _____			_____
FR:	_____	Starting:		_____
TO:	_____	Ending:		
	SUPERVISOR: _____			_____
	PHONE #: _____			_____
FR:	_____	Starting:		_____
TO:	_____	Ending:		
	SUPERVISOR: _____			_____
	PHONE #: _____			_____
FR:	_____	Starting:		_____
TO:	_____	Ending:		
	SUPERVISOR: _____			_____
	PHONE #: _____			_____



BUSINESS REFERENCES

PROVIDE THE NAMES OF THREE PERSONS THAT YOU HAVE KNOWN FOR AT LEAST TWO YEARS (SHOULD BE SUPERVISORS OR CO-WORKERS):

NAME	ADDRESS	PHONE #	BUSINESS	YEARS KNOWN

Additional Questions:

1. Are you available to work: Full-Time Part-Time
2. Can you travel if a job requires it?
3. Have you been convicted of a felony or serious criminal offense? (Conviction will not necessarily disqualify an applicant from employment.) If yes, please provide date, place and nature of the crime:

I authorize investigation of all statements contained in this application, and understand that misrepresentation or omission of facts called for is cause for dismissal. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. Further, I understand and agree that if employed, the employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis
- Missing limbs or partially missing limbs
- Post traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
 NO, I DON'T HAVE A DISABILITY
 I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternative format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Program (OFCCP) website at <http://www.dol.gov/ofccp>.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.