

# **KM Strategic Management, LLC** **APPLICATION FOR EMPLOYMENT**

An Affirmative Action, Equal Opportunity, Title IX, Rehabilitation Act of 1973 Employer

Return Application to the Human Resources Department  
1545 W. Florida Avenue  
Hemet, CA 92543  
951-791-1111

Date: \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

## **GENERAL INFORMATION** (Please Type or Print)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Initial Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Can you submit proof of age at time of employment? \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_\_

Have you worked under another name? \_\_\_\_\_  
If yes, please state names: \_\_\_\_\_

If selected for employment, how soon could you be available for work? \_\_\_\_\_

Do you have any relatives who are employees of KMSM? \_\_\_\_\_  
If yes, please state name and department: \_\_\_\_\_

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? If yes, please give dates and details. \_\_\_\_\_

Please list current licenses or certificates held. (Specify kind and expiration date) \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? \_\_\_\_\_

## **EDUCATION**

<b>Please list Name and Address of High School Attended</b>	<b>Major Course of Study</b>	<b>Did you Graduate?</b>
_____	_____	_____
_____	_____	_____

## **College or University Education**

<b>Please list Name and Address of Institution</b>	<b>Dates (From - To)</b>	<b>Degree Earned</b>	<b>Major</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Additional Qualifications

Please identify any skill, knowledge or ability related to this position which would assist in the evaluation of your application.

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## EMPLOYMENT

RESUMES MAY BE INCLUDED BUT THIS EMPLOYMENT PORTION OF THE APPLICATION MUST BE FILLED IN COMPLETELY. BEGIN WITH YOU PRESENT JOB AND LIST IN REVERSE ORDER. PLEASE ACCOUNT FOR ALL WORK HISTORY.

May we contact your present employer? \_\_\_\_\_

<b>Dates of Employment (Current)</b>	<b>Name of Employer/Company</b>	<b>Telephone Number</b>
From: _____	_____	_____
To: _____	<b>Address, City, State, Zip</b>	_____
Hours/Wk: _____	_____	_____
Last Salary: _____	<b>Supervisor's Name and Job Title</b>	<b>Your Job Title</b>
	_____	_____
	<b>Describe your Duties</b>	_____
	_____	_____
	_____	_____
	<b>Reason for Leaving</b>	_____
	_____	_____

<b>Dates of Employment (Previous)</b>	<b>Name of Employer/Company</b>	<b>Telephone Number</b>
From: _____	_____	_____
To: _____	<b>Address, City, State, Zip</b>	_____
Hours/Wk: _____	_____	_____
Last Salary: _____	<b>Supervisor's Name and Job Title</b>	<b>Your Job Title</b>
	_____	_____
	<b>Describe your Duties</b>	_____
	_____	_____
	_____	_____
	<b>Reason for Leaving</b>	_____
	_____	_____

**Dates of Employment  
(Previous)**  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Hours/Wk: \_\_\_\_\_  
Last  
Salary: \_\_\_\_\_

**Name of Employer/Company**

**Telephone Number**

\_\_\_\_\_  
**Address, City, State, Zip**

\_\_\_\_\_  
**Supervisor's Name and Job Title**

\_\_\_\_\_  
**Your Job Title**

\_\_\_\_\_  
**Describe your Duties**

\_\_\_\_\_  
**Reason for Leaving**

**Dates of Employment  
(Previous)**  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Hours/Wk: \_\_\_\_\_  
Last  
Salary: \_\_\_\_\_

**Name of Employer/Company**

**Telephone Number**

\_\_\_\_\_  
**Address, City, State, Zip**

\_\_\_\_\_  
**Supervisor's Name and Job Title**

\_\_\_\_\_  
**Your Job Title**

\_\_\_\_\_  
**Describe your Duties**

\_\_\_\_\_  
**Reason for Leaving**

## **REFERENCES**

**LIST A MINIMUM OF THREE PEOPLE NOT RELATED TO YOU WHO CAN ATTEST TO YOUR PROFESSIONAL ABILITIES AND EXPERTISE.**

<b>Name</b>	<b>Occupation/Title</b>	<b>Telephone Number</b>
_____	_____	_____
<b>Address, City, State, Zip</b>		

<b>Name</b>	<b>Occupation/Title</b>	<b>Telephone Number</b>
_____	_____	_____
<b>Address, City, State, Zip</b>		

<b>Name</b>	<b>Occupation/Title</b>	<b>Telephone Number</b>
_____	_____	_____
<b>Address, City, State, Zip</b>		

**I hereby state that all information that I have provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.**

**I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.**

**The employer does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.**

**If hired, I agree as follows: My employment and compensation is terminable at-will, is for not definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company has any authority to make any agreements contrary to foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.**

**I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.**

**I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.**

**If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.**

**I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.**

**Signature of Applicant: \_\_\_\_\_**

**Date: \_\_\_\_\_**