

Kenco Electrical & AC, Inc.



(904) 757-8759

Mechanical Controls

FAX (904) 757-1021

**11461 Boote Boulevard
Jacksonville, Florida 32218**

Application For Employment

P	Last Name:	First:	Middle:	Date:
E	Street Address:			Home Telephone:
R	City, State, Zip:			Date of Birth:
S	Have You Ever Applied For Employment With Us? If so, when?			Social Security #:
O	Position Desired:			Pay Expected:
N	Apart From Absence For Religious Observance, Are You Available For Full Time Work?			When Will You Be Available To Begin Work?
A	Are You Legally Eligible For Employment In The U.S.?			Will You Work Overtime If Asked?
L	Kenco, Inc. has a very strict driving policy. In order to be employed by this Company, you must be able to drive a Company vehicle if required. Do you have any discrepancies on your driving history within the past 7 years? If so, please list them. I understand that my driving history will be checked through Kenco, Inc.'s current Auto Insurance provider. _____ Initial			Other Special Training Or Skills:

Drivers License # _____ State Issued _____

EDUCATION

School	Name & Location Of School	Course Of Study	Years Completed	Graduate YES NO	Degree?
High School					
College/Trade					

MILITARY	Did you serve in the U.S. Armed Forces? ____Yes ____No	If "yes", in what Branch?
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EMPLOYMENT HISTORY

Please Give Accurate, Complete Full-Time and Part-Time Employment Record. Start With Your Present Or Most Recent Employer.

Company Name:	Telephone:
Address:	Employed From: To:
Supervisor:	Weekly Pay Start: Last:
Job Title & Description Of Work:	Reason For Leaving:

Company Name:	Telephone:
Address:	Employed From: To:
Supervisor:	Weekly Pay Start: Last:
Job Title & Description Of Work:	Reason For Leaving:

Company Name:	Telephone:
Address:	Employed From: To:
Supervisor:	Weekly Pay Start: Last:
Job Title & Description Of Work:	Reason For Leaving:

Company Name:	Telephone:
Address:	Employed From: To:
Supervisor:	Weekly Pay Start: Last:
Job Title & Description Of Work:	Reason For Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact along with a reason why.

OTHER

Marital Status: _____ Single _____ Engaged _____ Married (Date of Marriage _____)
_____ Separated _____ Divorced _____ Widowed

Are You A U.S. Citizen? _____ Yes _____ No

What Was Your Previous Address?

How Long At Your Present Address? _____ Years _____ Months

Are You Over 18 Years Of Age? _____ Date Of Birth _____

Names Of Relatives And Friends Working For Us, Other Than Your Spouse: _____

Have You Been Convicted Of A Crime In The Past 10 Years, Excluding Misdemeanors And Summary Offenses, Which Have Not Been Annulled, Expunged Or Sealed By A Court?

Yes _____ No _____ If "Yes", Describe In Full:

Please Read The Following And Initial Where Indicated:

The Information Provided In This Application For Employment Is True, Correct And Complete. If You Hire Me, Any Misstatement Or Omission Of Fact On This Application May Result In My Dismissal. _____ *Initial*

I Understand That Acceptance Of An Offer Of Employment Creates No Obligation Upon You, The Employer, To Continue To Employ Me In The Future. _____ *Initial*

I Understand That This Is A **Drug Free Work Place** And Random Drug Tests Are Given. I Understand I Will Be Required To Submit To Drug Testing. _____ *Initial*

I Understand That I May Be Required To Take A Drug Test Before Being Employed. _____ *Initial*

I Understand That Drivers License Checks Are Run Periodically For Insurance Purposes. _____ *Initial*

I Understand That I Will Be On A 90 Day Probationary Period, Unless Told Otherwise At The Time Of Employment. _____ *Initial*

Signature: _____ **Date:** _____

Consumer or Motor Vehicle Report Permission
PLEASE PRINT LEGIBLY

DATE: _____

Name of Job Applicant/Employee

Street Address

City, State, Zip Code

Drivers License Number

State

Date of Birth

Kenco Electrical & A/C, Inc.
Attn: Regina Newman
11461 Boote Boulevard
Jacksonville, FL 32218

Kenco Electrical & A/C, Inc.:

Consumer reports may be obtained as part of Kenco Electrical & A/C, Inc.'s evaluation of my job application/employment. The reports may be procured by J.P. Perry Insurance, Inc., and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

SIGNED:

Job Applicant/Employee

OFFICE USE: Please FAX completed form to J.P. Perry Insurance at (904) 268-2801.