



## Employment Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print) Last First Middle Maiden

Present Address \_\_\_\_\_  
Street City State Zip Length there

Previous Address \_\_\_\_\_  
Street City State Zip Length there

Phone Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day Evening Fax/e-mail

Position Applied for \_\_\_\_\_

Employment Type Desired:  Fulltime  Part time Hours \_\_\_\_\_

Currently Employed?  Yes  No; May we contact your present employer?  Yes  No; Date Available \_\_\_\_\_

Have you applied with Kovarus before?  Yes  No; Date \_\_\_\_\_ Who referred you? \_\_\_\_\_

If employed, can you submit verification of your legal right to work in the US?  Yes  No

Are you at least 18 years of age?  Yes  No

Education	Name and Location of School	Years Attended	Field of Study
High School		<p style="text-align: center; color: blue;">Do not complete dates for High School</p> Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/other		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Special skills, education, or certifications \_\_\_\_\_

Please provide three (3) references. Two previous supervisor/manager, one personal.

Name	Phone Number	Relationship to You



Please complete this section entirely. Résumé cannot be used in lieu of completing this section. List former employers below, starting with the most current.

Dates to/from	Name & Address of Employer	Supervisor & Telephone Number	Title	Responsibilities	Reason for Leaving
To:  From:	Name  Address	Supervisor Name  Phone			
To:  From:	Name  Address	Supervisor Name  Phone			
To:  From:	Name  Address	Supervisor Name  Phone			
To:  From:	Name  Address	Supervisor Name  Phone			

I hereby certify that all statements given by me on this application are true and correct without omission and that any misstatement I have made may result in dismissal. I further authorize Kovarus, Inc. to investigate my past record at any time and I agree that Kovarus, Inc., previous employers, schools, etc. shall not be held liable in any respect if any employment offer is not tendered, withdrawn or employment is terminated due to falsified statements and answers on this application form. If I am employed, I understand that additional personal data will be requested for determination of benefit eligibility and for statistical purposes. I understand that if accepted by Kovarus, Inc., my employment is on an "At-Will" basis, either myself or Kovarus, Inc. may end the employment relationship at any time for any reason, or for no reason, with cause or with-out cause. This application is not a contract, nor is it intended to create a contract.

I hereby acknowledge and agree that I have read the above statement and have understood it.

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Sign name

Date

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Print name