



# Kinnunen Sales & Rental, Inc.

707 East 6<sup>th</sup> Avenue, Stillwater, OK 74074 405.743.4400 888-595.4411

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the complete the application and/or interview process should notify a representative of the organization.

*(Please Print)*

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employment
<input type="checkbox"/> Agency		<input type="checkbox"/> Relative	
Other _____			
Last Name		First Name	Middle Name
Address:		City	State      Zip Code
Telephone Number(s)		Social Security #	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes     No

Have you ever filed an application with us before?     Yes     No

Have you ever been employed with us before?     Yes     No

Are you currently employed?     Yes     No

May we contact your present employer?     Yes     No

Can you submit proof of legal employment authorization and identity?

*Proof of citizenship or Immigration Status will be required upon employment.*     Yes     No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?     Yes     No

Can you travel if a job requires it?     Yes     No

Do you have any objection to working overtime if necessary? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

## Education

	Name and Location	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


# Employment

*Start with your present or most recent job first*

Employer	From Date	To Date	Work Performed
Address	Hourly Rate Starting	Hourly Rate Final	
Job Title	Telephone #		Supervisor
Reason for Leaving			

Employer	From Date	To Date	Work Performed
Address	Hourly Rate Starting	Hourly Rate Final	
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Employer	From Date	To Date	Work Performed
Address	Hourly Rate Starting	Hourly Rate Final	
Job Title	Telephone #		Supervisor
Reason for Leaving			

*If you need additional space, please continue on a separate sheet of paper.*

# References

Name	Phone Number
Name	Phone Number
Name	Phone Number

## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Do you have a valid Oklahoma driver's license? Yes No Class\_\_\_\_\_

Have you received any speeding tickets or been cited in any vehicle accident? Yes No

Will you consent to random drug/alcohol testing if required? Yes No

State any additional information you feel may be helpful to us in considering your application.

*Note to Applicants:* DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes No

# Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against 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 employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE DO NOT WRITE BELOW THIS LINE

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks	_____
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____
Job Title	_____
Hourly Rate/Salary	_____
Authorized By	_____
Date	_____