

OTHER (SPECIFY)

LIST ANY SEMINARS, CERTIFICATIONS, OR OTHER RELEVANT EDUCATION

EMPLOYMENT APPLICATION



PLEASE READ: To best utilize this forms interactive features, 1.DOWNLOAD it to your computer, 2. FILL IT OUT then click the SUBMIT button. You should be prompted to send a .PDF file attachment in an email to careers@krbmachinery.com (If you do choose to fill it out in a browser, when finished, instead of the SUBMIT button, click the print icon in the browser window, then print it as a .pdf file and email to careers@krbmachinery.com)

PERSONAL INFOR	RMATION —			,
NAME (LAST, FIRST, MI)				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE		EMAIL		
SOCIAL SECURITY #		DRIVER LICENSE # (IF .	JOB REQUIRES DRIVING)	
EMPLOYMENT DE POSITION APPLIED FOR HOW DID YOU HEAR ABOU				
DATE AVAILABLE FOR WO	RK	DESIRED HOURS (FULL	. TIME, PART TIME, ETC.)	
EDUCATION —				
HIGH SCHOOL	SCHOOL NAME	COURSE OF STUDY	YEARS OF STUDY	DEGREE / DIPLOMA
UNDERGRADUATE				
GRADUATE				

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EMPLOYMENT HISTORY —

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

MAY WE CONTACT YOUR CURRENT EMPLOYER?

YES

NO

N/A

EMPLOYER 1 NAME START DATE END DATE ESSENTIAL JOB FUNCTIONS

EMPLOYER 1 ADDRESS START SALARY END SALARY

EMPLOYER 1 PHONE SUPERVISOR SUPERVISOR EMAIL

REASON FOR LEAVING

WHAT VALUE DID YOU ADD TO THIS COMPANY OR ITS CUSTOMERS?

EMPLOYER 2 NAME START DATE END DATE ESSENTIAL JOB FUNCTIONS

EMPLOYER 2 ADDRESS START SALARY END SALARY

EMPLOYER 2 PHONE SUPERVISOR SUPERVISOR EMAIL

REASON FOR LEAVING

WHAT VALUE DID YOU ADD TO THIS COMPANY OR ITS CUSTOMERS?

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EMPLOYMENT HISTORY —

EMPLOYER 3 NAME START DATE END DATE ESSENTIAL JOB FUNCTIONS

EMPLOYER 3 ADDRESS START SALARY END SALARY

EMPLOYER 3 PHONE SUPERVISOR SUPERVISOR EMAIL

REASON FOR LEAVING

WHAT VALUE DID YOU ADD TO THIS COMPANY OR ITS CUSTOMERS?

EMPLOYER 4 NAME START DATE END DATE ESSENTIAL JOB FUNCTIONS

EMPLOYER 4 ADDRESS START SALARY END SALARY

EMPLOYER 4 PHONE SUPERVISOR SUPERVISOR EMAIL

REASON FOR LEAVING

WHAT VALUE DID YOU ADD TO THIS COMPANY OR ITS CUSTOMERS?

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ADDITIONAL INFORMATIO List any professional, trade, business national origin, ancestry, age, disabilit	or civic activities and offices		bership that would reveal gende	er, race, religion
LIST ANY LANGUAGES OTHER THAN E	NGLISH THAT YOU CAN SPEA FLUENT	NK , READ OR WRITE FILL IN E ADVANCED	ELOW FAIR	
SPEAK				
READ				
WRITE				
IDENTIFY FORMAL JOB TRAINING THA	T RELATES TO THIS POSITIO	N		
IDENTIFY WHAT SKILLS OR CERTIFICA	TION YOU POSSESS RELATE	D TO THIS POSITION		
IF YOU ARE HIRED, WHAT VALUE WOU!	LD YOU ADD TO OUR COMPA	NY?		

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DESCRIBE WHAT YOU BELIEVE IS YOUR GREATEST ACCOMPLISHMENT OF YOUR WORK HISTORY

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ADDITIONAL INFORMATION —				
Have you ever been employed with this company before? If Yes, when?	START DATE	END DATE	YES	NO
Do you have any friends or relatives employed by this company? If Yes, please provide their names and relationship to you	NAME & RE	LATIONSHIP	YES	NO
Are you currently on "lay off" status and subject to recall?			YES	NO
If you are under 18 years of age, can you provide proof of your eligibility to work?			YES	NO
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?			YES	NO
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?			YES	NO
If hired, are there any accommodations we need to provide so that you can perform all those essential functions and duties of the position being applied for? If Yes, please explain:			YES	NO
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"			YES	NO
If hired, do you have a reliable means of transportation to and from work?			YES	NO
If hired, would you be able to travel or work overtime as needed?			YES	NO
Have you ever been convicted of a felony or misdemeanor? If Yes, please explain:			YES	NO
	A criminal record do automatic bar to em be considered only a relates to the job in	nployment and will as it substantially		

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REFERENCES —	
	NOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST 5 YEARS
REFERENCE 1 NAME	
COMPANY NAME REFERENCE TITLE	
COMPANY ADDRESS	
PHONE	EMAIL
RELATIONSHIP	YEARS ACQUAINTED
REFERENCE 2 NAME	
COMPANY NAME REFERENCE TITLE	
COMPANY ADDRESS	
PHONE	EMAIL
RELATIONSHIP	YEARS ACQUAINTED
REFERENCE 3 NAME	
COMPANY NAME REFERENCE TITLE	
COMPANY ADDRESS	
PHONE	EMAIL

YEARS ACQUAINTED

RELATIONSHIP

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PLEASE READ EACH STATEMENT CLOSELY. BY CHECKING EACH BOX YOU ARE INITIALING YOUR ACKNOWLEDGMENT AND UNDERSTANDING

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

DISCRIMINATION AND SEXUAL HARASSMENT POLICY STATEMENT

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

DISCLOSURE TO APPLICANTS CONCERNING DRUG/ALCOHOL TESTING

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

COMPLETE AND ACCURATE INFORMATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

AT-WILL EMPLOYMENT

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the oregoing is binding on the Company unless made in writing and signed by the Company's president.

TESTING AUTHORIZATION

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

INVESTIGATION AUTHORIZATION

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

COMPANY OBLIGATION

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Digital Signature Acceptance

Date

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PERSONNEL DEPARTMENT USE ONLY —	
INTERVIEW CHECKLIST	
APPLICATION REVIEWED ON	ВУ
DENIAL LETTER SENT	INTERVIEW LETTER SENT
INTERVIEW SCHEDULED FOR	
ADDITIONAL NOTES	