KAMPI COMPONENTS CO., INC.

Serving Government and O.E.M.

PH: (215)736-2000 • FAX: (215)736-9000 • EMAIL: employment@kampi.com
88 Canal Road, Fairless Hills, PA 19030

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Kampi Components provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, or status as a Vietnam-era, special disabled veteran, or other covered veteran, in accordance with applicable federal laws and state laws.

[PLEASE PRINT]

_____ Date of Application

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street, City, State and Zip Code)

How long have you lived there? _____ Years _____ Months

Previous Address: _____
(Street, City, State and Zip Code)

How long have you lived there? _____ Years _____ Months

Contact Information (Check which preferred)

Home Phone _____ ☐
Business Phone _____ ☐
Cell Phone _____ ☐
Email _____ ☐

Position Desired: _____ ☐ Full-Time ☐ Part-Time

Date Available to Work: _____ Salary/Compensation Desired: _____

Specific days and hours you are available to work: _____

_____

Have you ever applied for a position with us? ☐ Yes ☐ No

If "yes", when? _____

Have you ever been employed by us? ☐ Yes ☐ No

If "yes", when and what position? _____

Do you have any relative or friends working here? ☐ Yes ☐ No

If "yes, state identity and relationship: _____

How did you hear about us? ☐ Employment Agency ☐ School/College ☐ Newspaper Ad ☐ Employee Referral ☐ Walk-in Applicant ☐ Other _____

Are you currently employed? ☐ Yes ☐ No

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

Are you able to perform in a reasonable and safe manner each essential job function and requirement of the job for which you are applying? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

If no, state your age. _____

If employment is offered, can you submit two of the following: birth certificate, social security card, certificate of U.S. citizenship, a U.S. passport, a state issued driver's license, or other verification of your identity and authorization to work in the U.S.? ☐ Yes ☐ No

EMPLOYMENT HISTORY

In the following spaces give a complete record of your last five (5) years of employment and explain any periods of unemployment. Begin with your most recent employment and work back. ***If additional space is needed, attach a supplementary sheet.***

1. _____
Present or last employer

Employed From: _____ Mo./Yr.

To: _____ Mo./Yr.

_____
Address

_____
City State Zip Code

_____
Telephone

_____
Starting Position Last Position Other positions held

_____
Starting Salary Final Salary Immediate Supervisor

Duties _____

What did you like best about your job? _____

What did you like least about your job? _____

_____

_____

Reason for Leaving _____

_____

_____

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2. _____
Previous employer

Employed From: _____ Mo./Yr.

To: _____ Mo./Yr.

_____
Address

_____
City State Zip Code

_____
Telephone

_____
Starting Position Last Position Other positions held

_____
Starting Salary Final Salary Immediate Supervisor

Duties _____

_____

_____

What did you like best about your job? _____

_____

_____

What did you like least about your job? _____

_____

_____

Reason for Leaving _____

_____

_____

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3. _____
Previous employer

Employed From: _____ Mo./Yr.

To: _____ Mo./Yr.

Address

City State Zip Code

Telephone

Starting Position Last Position Other positions held

Starting Salary Final Salary Immediate Supervisor

Duties

What did you like best about your job?

What did you like least about your job?

Reason for Leaving

EDUCATIONAL DATA

School	(PRINT) Name,City,State for each School Listing	No. of Yrs. Completed	Diploma/ Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night, or Corres.				
Other				

REFERENCES (NOT EMPLOYERS OR RELATIVES - AT LEAST THREE)

	Name and Address	Occupation	Telephone
1.			
2.			
3.			

SPECIAL SKILLS AND QUALIFICATIONS

Please include any other information you think would be helpful to us in considering you for employment, such as military experience, additional work experience, skills, abilities, articles/books published, activities, foreign languages, accomplishments, professional/ trade/business/or civic activities and offices held, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, genetic, handicap, or disability or any relationship with any labor organization.)

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? ☐ Yes ☐ No Your previous employers? ☐ Yes ☐ No

   Please identify any exceptions and reasons for not contacting.

2. In order to permit a check of your work and education records, are there any name changes or assumed names that you previously used?

   ☐ Yes ☐ No If "yes," identify name(s) and relevant dates.

3. Have you ever been terminated or asked to resign from any employment? ☐ Yes ☐ No If "yes," please explain:

DRIVER INFORMATION

(To be completed only by applicants who are applying for a position where they will be required to operate a Kampi Components vehicle.)

Do you have a current driver's license? ☐ Yes ☐ No

State License No. Expiration Date

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain circumstances: _____

Has your personal automobile insurance ever been canceled for reasons other than financial? ☐ Yes ☐ No

If yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? ☐ Yes ☐ No

If yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

Please read the enclosed statements and Initial in the boxes below

1. I authorize Kampi Components to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Kampi Components from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Kampi Components. _____

2. I also authorize Kampi Components to secure criminal, motor vehicle, and financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to Kampi Components will provide me with a complete description of the nature and scope of the credit report investigation. _____

3. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, motor vehicle driving record (if applicable), and employment references. _____

4. I authorize Kampi Components to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release Kampi Components from any and all liability for providing this information. _____

5. In the event of employment or an offer of employment, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job for which I am hired or being considered for any future job. _____

6. I hereby agree to submit to any drug, alcohol or other testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge. _____

7. I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law. _____

8. I agree and understand that any offer of employment I may receive is contingent upon my successful completion of Kampi Components pre-employment, post offer, screening process including any pre-employment, post offer, physical examination that may be required. _____

9. In the event of my employment with Kampi Components, I will comply with all rules, regulations, and policies of Kampi Components. _____

10. I understand that nothing in this employment application, Kampi Components policy statements, personnel guidelines, or in my communications with any Kampi Components official is intended to create an employment contract between Kampi Components and me. I also understand that Kampi Components has the right to modify its policies, procedures, benefits, etc. without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Kampi Components. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason I think is appropriate. I also understand that Kampi Components retains the right to terminate my employment at any time for any reason Kampi Components believes is appropriate. _____

11. I certify that all of the information I have provided on this application for employment is true and complete. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if Kampi Components has not employed me and for immediate dismissal if Kampi Components has employed me. _____

I hereby acknowledge that I have read, understand and agree to the preceding 11 statements.

Signature of Applicant

Date: _____ _____

VOLUNTARY SELF-IDENTIFICATION

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

Legal Name: _____ Job Title: _____

GENDER:

(Please check one of the options below)

Male ☐

Female ☐

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **Asian (Not Hispanic or Latino**): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ **Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Date completed: _____

Please return form to the HR department. Thank you for your participation.