



APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

Name:		Middle Initial	Date: (MM/DD/YYYY)
Present Address :		Apartment / Unit #	City
Permanent Address :		Apartment / Unit #	City
Cell Phone No.:		Referred By:	
Alternate Phone No.:		Emergency No.:	
Birth Date:	Marital Status:	Emergency Contact Name:	
Social Security Number:		Email:	
Driver's License Number:			
Position Applying For:	Date You Can Start:		Desired Salary:
Are You Available to Work Full Time? () Yes () No			
Are You Available to Work Part Time? () Yes () No			
What Days and Hours are You Available?			
Are You Available for Work on Weekends? : Yes No			
Can You Travel if a Job Requires it? : () Yes () No			
How Did You Hear About our Company and this Job Opening?			
Are You at Least 18 Years Old? (If Under 18, Hire is Subject to Verification			
Have You Ever Applied to or Worked for Kincaid Industries, Inc. Before? Yes No			
if Yes, When?			

Plumbing • Grading • Engineering • Fire Sprinklers
31-065 Plantation Drive • Thousand Palms, CA 92276 • Phone (760) 343-5457 • Fax (760) 343-5446
License # 695797 A, C-36, C-16 • www.Kincaidindustries.com



APPLICATION FOR EMPLOYMENT EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude any organization, which may indicate race, color, religion, gender, national origin, disability or other protected status.

Employer:	Dates of Service:	Work Performed:
Address:		
Telephone Number(s):		
Reason for Leaving:		
Employer:	Dates of Service:	Work Performed:
Address:		
Telephone Number(s):		
Reason for Leaving:		
Employer:	Dates of Service:	Work Performed:
Address:		
Telephone Number(s):		
Reason for Leaving:		
Employer:	Dates of Service:	Work Performed:
Address:		
Telephone Number(s):		
Reason for Leaving:		



APPLICATION FOR EMPLOYMENT

EDUCATION

	School Name and Location:	Years Completed:	Diploma/Degrees/Work Studied:
High School:			
College:			
Trade or Business School			
Are You Licensed/Certified for the Job Applied for?: Yes No			
Name of License/Certification:		Issuing State:	
License/Certification Number:			
Has your License/Certification Ever been Revoked or Suspended? Yes No			
If Yes, State Reason(s), Date of Revocation or Suspension, and Date of Reinstatement:			
Describe any Current Certifications you have (i.e. CPR/First Aid., OSHA10, OSHA30, etc):			
Are You able to Perform the Essential Functions of the Job for which You are Applying, Either with out without Reasonable Accommodation? Yes No			
If No, Describe the Functions that Cannot be Performed:			
Indicate any Foreign Languages You can Speak, Read and/or Write:			
Provide Names and Telephone Numbers of Three References who are NOT Related to You:			
1.			
2.			
3.			
Do we have Persmission to Contact these References? Yes No			
(Note: We Comply with the ADA and Consider Reasonable Accommodation Measures that may be Necessary for Eligible Applicants/Employees to Perform Essential Functions. Hire may be Subject to Passing a Medical Examination, and to Skill and Agility Test.)			
Signature:			

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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials 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, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any 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.

Initials I hereby authorize **Kincaid Industries, Inc.** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials In compliance with federal law, all persons will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document from upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with State and local "Fair Chance" laws.

Date

Applicants Signature