



**An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT**

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. Knight's Companies is an employment at will organization and, therefore, the employer or employee can terminate employment at any time without notice. Be aware that certain information contained in this completed job application may be subject to the Freedom of Information Act. If you are selected for an interview, you will be notified by the appropriate department.

Position Applied For: (One position per application)			Date of Application
Last Name	First Name	Middle Name	Telephone Number(s)
Address		City	State Zip Code
Referral Source <input type="checkbox"/> City's Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> TV Ad/Cable <input type="checkbox"/> Internet <input type="checkbox"/> Job Service <input type="checkbox"/> Job Line <input type="checkbox"/> Walk In <input type="checkbox"/> Employee Referral (Employee Name _____) <input type="checkbox"/> Other			

Have you ever been an employee of the Knight's Companies Yes No I am currently a Knight's Company employee

If yes, _____
 Department Position Dates: From

Do you have any relatives employed here? Yes No If yes, _____
 Name Department Relation

Are you able to provide proof that you are authorized to work in the United States? Yes No

Have you been convicted of a felony or plead "no contest" to a felony charge within the past seven years? Yes No

(Note: An answer of "Yes" does not necessarily mean you will not be considered for employment).

If Yes, please specify date(s) and nature of offense(s). _____

AVAILABILITY

<input type="checkbox"/> Immediately	Are you willing to work (check all that apply):	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two week notice		<input type="checkbox"/> Full-Time (37.5 or more hours per week)	<input type="checkbox"/> Temporary (no benefits) <input type="checkbox"/> Weekends
<input type="checkbox"/> Other _____		<input type="checkbox"/> Part-Time (Less than 37.5 hours per week)	<input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Holidays

EDUCATION: Beginning with high school, provide information on all schools attended including colleges, special courses and trade schools.

Name and State of School	Circle Highest Level Completed	Degree	Major
High School	9 10 11 12		
Trade/Technical School	1 2 3 4		
Undergraduate School	1 2 3 4 5		
Graduate School/Post-Graduate School	1 2 3 4 5 6		
List any Professional or Trade certifications that you have.	Name of Certification	Issuing Organization	Issue Date Expiration Date

FORMAL TRAINING You may be required to provide verification.

Name of Training	Presented by	Completed?	Issue Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Knight's Companies is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status or disability. If you believe you have been discriminated against for these reasons on consideration of your application, please notify Director of Human Resources Development, Knight's Companies 480 Hodge Road, Summerville, SC 29483. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any appropriate local or state agency of your complaint.

REFERENCE AND EMPLOYMENT EXPERIENCE

List jobs starting with your present or most recent job. Include any military experience. Account for all employment/education activity within the last 7 years. A Resume may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or request an Addition Employment Experience form from the reception desk.

Company Name	Telephone:	Dates Employed From _____ To _____
Address		_____ FULL-TIME _____ PART-TIME
Job Title	Name of Supervisor	May we contact this employer? _____ Yes _____ No
Describe Duties		Reason for Leaving
		_____ Customer Service _____ C D L _____ Supervisor/# of Direct Reports _____
List Tools, equipment and computer software utilized in this position		

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SKILLS

Typing/Work Processing	Indicate the number of words per minute you can type without error: _____
Computer Software	Indicate the types of software you are skilled in using: _____ Windows _____ Word _____ Excel _____ PowerPoint _____ Access _____ Outlook _____ AutoCAD _____ WordPerfect _____ Lotus 1-2-3 _____ Other(s) _____
Telephone	Have you operated a multi-line phone? _____ Yes _____ No Number of Lines _____ How many years of experience? _____
Driver's License	Do you have a valid Driver's License? _____ Yes _____ No Do you have a valid Commercial Driver's License (CDL)? _____ No _____ Permit _____ Class A _____ Class B

YOU MUST SIGN THIS APPLICATION, READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, background investigation and/or a drug test. I also understand that, if hired, I will be required to abide by all rules and regulations of Knight's Companies.

Signature of Applicant _____

Date: _____