

APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete Application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Date of Application				
Position(s) Applied For				_
Name				
Address				
City	State	Zip Code		
Telephone	Cell Phone_			
Email Address				
Are you legally authorized to wo	rk in the United States?			
Will you now or in the future red	quire sponsorship for emp	loyment status?	Y N	
Note: If hired, you must complete Section 2 work and provide the documentation require I-9, listing acceptable documentation, is avail	ed by Section 2 no later than three (5		•
On what date would you be ava	lable for work?			
Type of work sought? Full Tir	me Part Time	Ten	nporary	

Thank you for your interest in Keelco Logistics, LLC (the "Company"). The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, familial status, veteran status or any other legally protected basis under applicable federal, state or local laws, regulations or ordinances. Applicants with disabilities may be entitled to a reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. Please inform us if you need assistance completing any forms or to otherwise participate in the application process.

EMPLOYMENT EXPERIENCE

Start with your current or most recent position. Include military service assignments and work performed on a volunteer basis.

Current Employer	Dates Employed From To	Work Performed
Address		
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From To	
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address	FIOIII 10 	
Job Title		
Supervisor		
Reason for Leaving		
If you need a	dditional space, please continue o	on a separate sheet of paper.
May we contact your present and	d former employers? If no, please	identify the employer(s) and explain.

Give name, address, telephone number, and position of three business or personal references.						

EDUCATION

	High School		College/University			Graduate/Professional							
School Name	 												
City, State, Country	<u> </u>												
Years Completed (circle)	 9	10	11	 12		1	2	3	4	 1	2	3	4
Diploma/Degree	 			 									
Describe Course of Study	 												
Describe Specialized Training, Apprentice- ship, Skills, and Extra-Curricular Activities	 									 			

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

APPLICANT CERTIFICATION

CERTIFICATION - PLEASE READ CAREFULLY BEFORE SIGNING

I consent to and authorize the Company to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. Unless I noted otherwise, I further authorize the listed employers, schools, and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party/parties for providing a reference. I understand that any employment or offer of employment arising from this Application for Employment will be subject to satisfactory verification of all job qualifications and information contained in this Application for Employment, which may include academic credentials, licenses, professional designations, references, credit and employment history, motor vehicles and criminal background, to the extent permitted by and in accordance with applicable law.

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(Please initial here to indicate that you have read and understand the above paragraph.)
expressly agree and understand that in the event I am employed by the Company, my employment with the Company will be "at will." This means that my employment is not for a specified term and that it may be erminated by the Company or me at any time, for any reason, with or without cause or notice. I understand hat no document or any statement of any employee of the Company constitutes a contract of employment between me and the Company that in any way alters or changes my employment at will status. I further understand that the at will nature of my employment cannot be changed, on an individual or collective basis except by a formal written contract signed by the President/CEO of the Company. I understand that this application for Employment does not constitute an agreement or contract for employment between me and the Company.
(Please initial here to indicate that you have read and understand the above paragraph.)
n the event I am employed by the Company, I understand that I will be expected to comply with all rules are egulations as set forth in the Company's policies and in any communications made to me. I understand that while the company makes every effort to accommodate individual preferences, business needs may make the ollowing necessary: overtime; shift work; a rotating work schedule; a work schedule that includes weeken work. (Please initial here to indicate that you have read and understand the above paragraph.)
By my signature below, I certify under penalty of perjury that all of the foregoing information is true and complete, and I understand that any falsification or omission of information may result in denial comployment; or, if I am employed by the Company, may result in termination regardless of the time laps before discovery.
CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics etc. during its evaluation of my application for employment and, if employed, during my employment. By hecking the following box, I waive my right to receive copies of public records obtained by the Company.
iignature: Date
Name (please print):
tame (piease print)