

Application for Employment

Pre-Employment Questionnaire

Kemco Industries, Inc.
An Equal Opportunity Employer

Kemco Industries, Inc. is an equal opportunity employer and its policy is to fill every position without regard to race, religious creed, color, national origin, ancestry, age, physical disability, mental disability, medical condition, marital status, sexual orientation, sex or other considerations made unlawful under state or local laws.

Date of Application _____

Personal Information

Name (Last Name, First)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred By		

In case of Emergency Notify:

Name _____ Phone _____

Address _____

Employment Desired

Position Desired	Date you can Start	Salary Desired
Are you employed? Yes _____ No _____	If so may we inquire of your present employer? Yes _____ No _____	
Ever Applied for a position with Kemco Industries, Inc. Before? Yes _____ No _____	Where?	When?

Former Employers

(List last four employers, starting with last one first)

Date Month and Year	Name of Employer	Phone Number	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

List Special Skills:

Have you ever worked for Kemco Industries before? _____

If so, When? _____

Do you have any relatives working for Kemco Industries? Yes _____ No _____

If yes, give name and position

Criminal Record (Background Check may be run – lack of full disclosure may result in termination)

Have you ever been convicted of a non-marijuana related felony or misdemeanor? Yes _____ No _____

(Conviction will not necessarily disqualify you from employment).

Have you ever been convicted on a marijuana related felony or misdemeanor within the last two year?

Yes _____ No _____ (Conviction will not necessarily disqualify you from employment).

Are you presently under arrest, out on bail, or on your own recognizance pending trial for a felony or misdemeanor? Yes _____ No _____ (Conviction will not necessarily disqualify you from employment).

If you answered yes to any of the above, please explain

Driving Eligibility

Do you have a valid driver's license? Yes _____ No _____

Driver's License # _____ State _____ Expiration _____ Type _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____
No _____

References

(Give Below the Names of Three Persons Not Related to You, Whom You Have Know at Least One Year)

Name	Address	Business	Phone Number

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all my statements contained herein and the references and employers listed above to give Kemco Industries any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I am also aware that a background check may be run on me and/or a DMV records check done in connection with obtaining employment with Kemco Industries & I give my consent for both.

Very Important, Please Read!

I understand that Kemco Industries, Inc. is an "At-Will" employer. If hired, I understand that my employment relationship with Kemco Industries, Inc. may be terminated with or without cause, at any time, and with or without advanced notice. No employee or representative of the Kemco Industries, Inc., other than the Company President, has the authority to change this policy or to enter into any employment agreement with any employee for any specific duration. No change to this "At-Will" policy is valid unless it is in writing and signed by the Company President.

I agree that if hired, there will be no other express or implied agreements contrary to my at-will status. Either I or Kemco Industries, Inc. may terminate my employment at any time with or without cause and with or without advance notice.

Date _____ Signature _____

KEMCO INDUSTRIES, INC.
PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement, will release the company from liability.

(Any applicant with positive test results will be denied employment at that time.)

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.

This policy statement is to be given out with all job applications.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Driver License Information:

State: _____

DL # _____

Employee Invitation to Self-Identify – KEMCO INDUSTRIES

Kemco Industries, LLC is a government contractor which requires that we take affirmative action to employ and advance in employment qualified women, minorities, disabled veterans and protected veterans, as well as individuals with disabilities.

Please let us know if you would like to be included in the affirmative action program by checking all the boxes below that apply to you. This information will only be used to assist us in fulfilling Equal Opportunity requirements to determine race, gender, disability, and veteran status of applicants as a group for each job position. **Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment. This information will not be kept in any individual's personnel file and will not be viewed by any hiring managers.**

A written copy of the Affirmative Action Program is available for inspection by any employee or applicant for employment during normal business hours by calling Terri Booth at 407-322-1230.

NAME _____

JOB POSITION (for which I am applying) _____

DEPARTMENT _____

GENDER: **Female** **Male** **I do not want to self-identify my gender**

RACE/ETHNICITY: Please note that for tracking purposes only one race/ethnic group can be listed. If you are of more than one group, please check the box for the group with which you most closely identify.

- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- White** (not Hispanic or Latino) - A person having origins in any of the original people of Europe, North Africa, or the Middle East
- 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 original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian** (not Hispanic or Latino) - A person having origins in any of the 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/Alaskan Native (Tribal Affiliation)** (not Hispanic or Latino) - A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community identification.
- Two or More Races** (not Hispanic or Latino) - A person identified with two or more races and NOT of Hispanic origin.
- I do not want to self-identify my ethnicity**

VETERANS STATUS: please complete if you served in any branch of the U.S. military

- Disabled Veteran** - (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran** - Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Armed Forces Service Medal Veteran** - Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Other Protected Veteran** - Any other veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era.
- I do not want to self-identify my veteran status**

DISABILITY:

- Yes** - A person who (A) has a physical or mental impairment which substantially limits one or more major life activities; (B) has a record of such impairment; or (C) is regarded as having such impairment.
- No**
- I do not want to self-identify my disability status**