



This application for employment covers employment opportunities with all of the Kane Companies as listed above. However, if you become employed, you will be an employee of only one company, the identity of which will be confirmed for you in writing. For the remainder of this application, the employing company (should you become employed) shall be referred to as either "the Company" or "this Company."

This Company is an Equal Opportunity employer and complies with all applicable Federal, State and local laws concerning discrimination in employment. No question in this Application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law. This Company complies with the law regarding reasonable accommodations for disabled applicants. Applicants who require reasonable accommodations to participate in the application process should contact the Human Resources Representative to request such accommodation.

Please read this Application carefully and print your responses in ink. You may submit a personal resume to accompany this Application; however, it is important for you to answer all questions and complete all sections of this Application.

Background Information			
Last Name	First Name	Middle	Social Security Number:
Street Address			Home Telephone: (     )
City	State	Zip	Cell / Alternate Phone: (     )
Previous Address			E-Mail:
Were you previously employed by this Company? <i>If yes, please give dates and location(s) of employment:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any friends or relatives currently employed by this Company? If so, identify name, relationship, and location:  _____  _____
<i>If yes, please give reason(s) for leaving:</i>			
Have you previously applied for employment with this Company? <i>If yes, please give date(s) and location(s):</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the last seven years, since reaching the age of 18, have you been convicted of a crime, including felonies and misdemeanors (but excluding summary offenses such as speeding tickets), which has not been annulled, expunged, or sealed by a court? <b>If "yes," please describe in full detail, including date(s), location(s) and the nature of the offense(s):*</b>			
_____			
_____			
*A conviction record will not automatically result in your disqualification from employment; felony and misdemeanor convictions will be considered only to the extent they relate to your suitability for the job for which you have applied. However, failure to disclose a conviction and/or mischaracterization of a conviction automatically will result in your ineligibility for employment and/or termination of employment (even if the conviction would not have barred your employment had it been properly disclosed).			
Are you a U. S. citizen or otherwise currently authorized to work in the U. S.? <i>(Proof of eligibility will be required upon offer of employment)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you reached your 18th Birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you signed any agreement with any prior or existing employer which includes any restrictions on your ability to compete and/or to contact or do business with customers, clients or associates and/or to use and/or disclose business, client or customer information? If "Yes," please attach or provide a copy of the agreement so we can consider whether, and to what extent, the agreement may preclude and/or restrict your employment with us, if an offer is extended.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Job Interest

Please list the position(s) for which you are applying:

How did you learn about this employment opportunity? (Check only one)

- Advertisement in \_\_\_\_\_ (Name of Publication)
  State Employment Service
- Employment Agency \_\_\_\_\_ (Name of Agency)
  From a current Associate of the Company (if so, please identify below)
- Other Source (please describe) \_\_\_\_\_ (Name and Location)

Have you worked with any employment recruiter, either directly or indirectly, within the previous 24 months?  Yes  No  
 If "Yes," did the recruiter play any role, direct or indirect, in your deciding to apply with this Company?  Yes  No

Are you employed now?  Yes  No If so, what date are you available to begin work? \_\_\_\_\_

Please identify the days and times you are available for work:

DAY	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM							
PM							

Are you available for overtime?  Yes  No Please identify the Salary / Wages Desired: \_\_\_\_\_

## Education, Training And Professional Licensure / Registry / Certification

*(We may verify with the sponsoring education / training facility all information disclosed in this Section.)*

School	Name and Location	Course of Study	# of Years Completed	Did You Graduate?	Type of Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training in Specialty Areas	Name and Address of Training Program		Board Status <input type="checkbox"/> Board Eligible <input type="checkbox"/> Board Certified (Date) _____		

Describe any other education, training, skills, or certifications you possess which are relevant to the position for which you have applied:

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## Employment Record and Reference Verification

*Starting with current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must complete this section of this Application as well. We may verify all information disclosed in this section.*

Company Name of Current or Most Recent Previous Employer		Base Pay <i>(Annual \$ or Hourly Wage)</i>	Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer
Street Address		Start \$	
City, State and Zip		Last \$	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Hired:		Telephone	
Date Separated:		Name and Title of Immediate Supervisor	
Did you resign from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No      Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No      Laid-Off? <input type="checkbox"/> Yes <input type="checkbox"/> No			
State Current/Last Job Title and Describe Your Work:			
<b>Job Information</b>			
Did you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how often?			
Were you ever counseled about attendance or tardiness? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how often?			
Did you have a performance review? <input type="checkbox"/> Yes <input type="checkbox"/> No      What was your last performance review rating?			
What comments did your supervisor make at the time?			
Were you ever disciplined in this job? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, explain all instances:			
<b>Reference Information</b>			
<p><i>When we speak to your former supervisor, we will ask him or her to rate your performance with regard to the following categories. Please rate <u>yourself</u> in the following categories as you feel your former supervisor will rate you:</i></p> <p><b>TEAMWORK:</b> The degree to which you are willing to work harmoniously with others; the extent to which you conform to the policies of management.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>DEPENDABILITY:</b> The extent to which you can be depended upon to be available for work and do it properly; the degree to which you are reliable and trustworthy; the extent to which you are able to work scheduled days and times, as well as your willingness to work additional hours if needed.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>INITIATIVE:</b> The degree to which you act independently in new situations; the extent to which you see what needs to be done and do it without being told; the degree to which you do your best to be an outstanding employee.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>QUALITY:</b> The degree to which your work is free from errors and mistakes; the extent to which your work is accurate; the quality of your work in general.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>CUSTOMER SERVICE:</b> The degree to which you relate to the customer's needs and/or concerns.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>OVERALL PERFORMANCE:</b> The degree to which your previous employer was satisfied with your efforts and achievements, as well as your eligibility for rehire.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p>			

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## Employment Record and Reference Verification (continued)

*Starting with current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must complete this section of this Application as well. We may verify all information disclosed in this section.*

Company Name of Current or Most Recent Previous Employer	Base Pay <i>(Annual \$ or Hourly Wage)</i>	Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer
Street Address	Start \$  Last \$	
City, State and Zip	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Hired:	Date Separated:	Name and Title of Immediate Supervisor
Did you resign from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No      Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No      Laid-Off? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State Current/Last Job Title and Describe Your Work:		
<b>Job Information</b>		
Did you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how often?		
Were you ever counseled about attendance or tardiness? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how often?		
Did you have a performance review? <input type="checkbox"/> Yes <input type="checkbox"/> No      What was your last performance review rating?		
What comments did your supervisor make at the time?		
Were you ever disciplined in this job? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, explain all instances:		
<b>Reference Information</b>		
<p><i>When we speak to your former supervisor, we will ask him or her to rate your performance with regard to the following categories. Please rate <u>yourself</u> in the following categories as you feel your former supervisor will rate you:</i></p> <p><b>TEAMWORK:</b> The degree to which you are willing to work harmoniously with others; the extent to which you conform to the policies of management.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>DEPENDABILITY:</b> The extent to which you can be depended upon to be available for work and do it properly; the degree to which you are reliable and trustworthy; the extent to which you are able to work scheduled days and times, as well as your willingness to work additional hours if needed.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>INITIATIVE:</b> The degree to which you act independently in new situations; the extent to which you see what needs to be done and do it without being told; the degree to which you do your best to be an outstanding employee.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>QUALITY:</b> The degree to which your work is free from errors and mistakes; the extent to which your work is accurate; the quality of your work in general.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>CUSTOMER SERVICE:</b> The degree to which you relate to the customer's needs and/or concerns.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p> <p><b>OVERALL PERFORMANCE:</b> The degree to which your previous employer was satisfied with your efforts and achievements, as well as your eligibility for rehire.</p> <p style="text-align: center;">Unsatisfactory    Below Average    Average    Above Average    Outstanding</p>		

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### Employment Record and Reference Verification (continued)

*Starting with current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must complete this section of this Application as well. We may verify all information disclosed in this section.*

3	Company Name of Current or Most Recent Previous Employer		Base Pay <i>(Annual \$ or Hourly Wage)</i>	Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer
	Street Address		Start \$	
	City, State and Zip		Last \$	
	Date Hired:	Date Separated:	Name and Title of Immediate Supervisor	
	Reason for Leaving:			
	State Current/Last Job Title and Describe Your Work:			

4	Company Name of Current or Most Recent Previous Employer		Base Pay <i>(Annual \$ or Hourly Wage)</i>	Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer
	Street Address		Start \$	
	City, State and Zip		Last \$	
	Date Hired:	Date Separated:	Name and Title of Immediate Supervisor	
	Reason for Leaving:			
	State Current/Last Job Title and Describe Your Work:			

5	Company Name of Current or Most Recent Previous Employer		Base Pay <i>(Annual \$ or Hourly Wage)</i>	Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer
	Street Address		Start \$	
	City, State and Zip		Last \$	
	Date Hired:	Date Separated:	Name and Title of Immediate Supervisor	
	Reason for Leaving:			
	State Current/Last Job Title and Describe Your Work:			

### Additional Job-Related Experience

Describe any other experience (e.g., volunteer work), qualifications, skills or abilities which you possess in addition to those you have outlined above and which you consider important to the successful performance of the job for which you are applying (you may exclude any experiences which suggest or disclose your sex, race, color, national origin, religion, disability, age or other protected status).

### References

List current and former co-workers, colleagues and/or professional acquaintances **NOT RELATED TO YOU** (other than those already listed in previous sections of this application) who can provide first-hand knowledge of your qualifications and abilities. We may contact these references in connection with our consideration of your credentials.

Name	Relationship to You	Occupation and Title	Telephone Number (including Area Code)	Years Known

### Statement Concerning Screening for Substance Abuse

I understand that, if I am otherwise qualified for employment, this Company may extend to me a conditional offer of employment and such offer will be contingent upon my passing successfully a substance abuse screening test.

With regard to certain positions, the substance abuse screening test may be part of a more comprehensive health screening examination. I also understand that I will not be hired if I test positive for an illegal drug use, refuse to provide a specimen on the date and time required, refuse to consent to testing on the date and time required or provide a false or tampered specimen.

I further understand that, if I become employed by this Company, I will be subject to this Company's Drug Free Workplace and Substance Abuse Policy. Included among the provisions of the Substance Abuse Policy are requirements for drug *and/or* alcohol testing whenever this Company has reason to believe that an individual may be under the influence of drugs and/or alcohol while on duty or on the premises of the Company.

#### **Applicant Testing:**

- Following a conditional offer of employment, and prior to entering duty or assuming the job duties of the new position, all applicants will be directed to report for drug testing. Applicants must be tested within 24 hours.
- Specimens for urinalysis will be collected in sufficient quantities for splitting into two separate specimens.
- Direct observation of an applicant in the process of producing a specimen is prohibited.
- The Medical Review Officer (MRO) will notify the applicant and the company.
- Records of drug tests and results will be kept in a separate medical file in the Human Resources Department.
- You may obtain additional information about this Company's Drug and Alcohol Testing Program from a Human Resources Representative.

Name: (Please Print) \_\_\_\_\_  
First M.I. Last

SSN: \_\_\_\_\_

Applicant's Signature

Date

### Warehouse Equipment Handling Experience

*Please identify the amount of time you have spent operating each piece of equipment below. We may test your ability on any piece of equipment for which you have identified experience as a condition of employment. If you do not have any experience with a particular piece of equipment, please write "NA" on each line that is not applicable.*



**Sit-down Counterbalance Forklift**

Average Hours per day: \_\_\_\_\_

Average Hours per week: \_\_\_\_\_

Years of experience on this machine: \_\_\_\_\_



**Stand-up Rider**

Average Hours per day: \_\_\_\_\_

Average Hours per week: \_\_\_\_\_

Years of experience on this machine: \_\_\_\_\_



**Order Picker**

Average Hours per day: \_\_\_\_\_

Average Hours per week: \_\_\_\_\_

Years of experience on this machine: \_\_\_\_\_

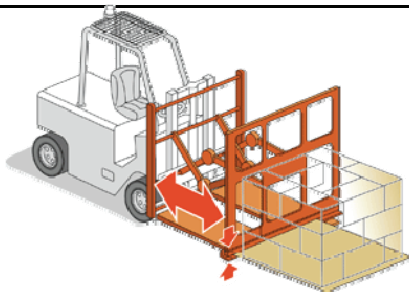


**Pallet Rider**

Average Hours per day: \_\_\_\_\_

Average Hours per week: \_\_\_\_\_

Years of experience on this machine: \_\_\_\_\_

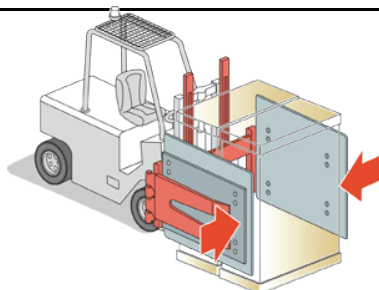


**Sit-down Counterbalance Forklift with Push/Pull Attachment**

Average Hours per day: \_\_\_\_\_

Average Hours per week: \_\_\_\_\_

Years of experience on this machine: \_\_\_\_\_



**Sit-down Counterbalance Forklift with Clamp Attachment**

Average Hours per day: \_\_\_\_\_

Average Hours per week: \_\_\_\_\_

Years of experience on this machine: \_\_\_\_\_

**Applicant's Certification, Authorization and Understanding**

*Please read carefully and, if you need clarification, ask questions before signing below.*

I certify that the answers given by me to the foregoing questions and the statements made by me in this Application for Employment are correct and complete. I understand that, if I become employed, any misrepresentation or omission of fact in this Application or in any resume or other materials submitted in connection with this Application for Employment shall be grounds for my discharge from employment.

I authorize this Company, as part of its evaluation of my suitability for employment, to verify all education, training and professional licensure/certification/registry claimed by me and to secure from my previous employers and references information concerning my professional accomplishments, skills, work characteristics and ability (including information pertaining to performance, rehire status, salary, attendance, etc.).

I hereby understand that it is the policy of the Company to determine any criminal records for prospective associates. This policy is to ensure the security of the Company's associates, visitors, customer's product and Company property. I understand that my employment with the Company will be contingent on the results of such Criminal Record Check. Should the criminal record check indicate that I have been convicted of a serious crime that would conceivably affect the security of the Company operations, I understand my employment with the Company may be terminated. I further authorize this Company to secure from the appropriate sources information concerning criminal convictions and agree to execute the written authorizations necessary for to obtain access to and copies of records pertaining to the above information. By signing below, I hereby authorize the Company to receive any and all information regarding criminal record information. For these purposes, a photocopy of my signature which appears below shall serve in the same capacity as an original.

In compliance with the Federal Immigration Reform and Control Act, I certify that, if hired, I will provide, within three (3) business days from the date my employment begins, proof of my identity and eligibility for employment in the United States.

I understand that this Application for Employment is not a contract for employment and that, if I am employed, employment with this Company is "at will." This means that both this Company and I each retain the right to terminate my employment for any or no reason with or without cause and with or without prior notice.

I further acknowledge and agree that, other than an HR Officer in writing, no manager or representative of the Company has the authority to enter into an agreement for employment for any specified period of time, to guarantee any particular position for any specified period of time or to make any binding promises with respect to compensation, promotional opportunities or any other terms or conditions of employment.

I further acknowledge and agree that I will not rely on any oral statements made by any manager or other representative of the Company with respect to any term or condition of employment in deciding whether to accept an offer of employment, if an offer of employment is extended to me.

I also understand that, as a condition of employment, I may be required to sign certain standard agreements protecting this Company's confidential/proprietary information, trade secrets and customer/client relationships.

<b>Name: (Please Print)</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>M.I.</span> <span>Last</span> </div>	<b>SSN:</b> _____
<b>Applicant's Signature</b>	<b>Date</b>