

Employment Application



www.knightraven.com

3018 NE 12th Street
Gainesville, FL 32609-3154

As an equal opportunity employer, Knight Raven Enterprises does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, creed, religion, ancestry, or national origin, disability, age or sex, except where a reasonable bona fide occupational qualification exists. Knight Raven Enterprises reserves the right to test applicants/associates for the presence of drugs and/ or alcohol in accordance with the Company's sub-stance abuse policy.

Date:	<input type="text"/>	Position Applied For:	<input type="text"/>
Name:	<input type="text"/>	Salary Desired:	<input type="text"/>
Address:	<input type="text"/>	Scheduled Availability:	<input type="text"/>
City/State:	<input type="text"/>	Hours/Days:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Home Phone:	<input type="text"/>	Date Available To Begin Work:	<input type="text"/>
Cell Phone:	<input type="text"/>		
E-mail Address:	<input type="text"/>		

Have you ever been employed by Knight Raven Enterprises or any of its divisions? yes no

If yes, what location?	City:	<input type="text"/>	State:	<input type="text"/>
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Dates of Employment: Fr:	<input type="text"/>	To:	<input type="text"/>	Last Position Held:	<input type="text"/>
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Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense will be evaluated in relation to the job for which you are applying.) yes no
(If yes, please explain and attach on a separate sheet to application)

If hired, can you submit documentation verifying your identity and your legal right to work in the U.S.? yes no

Education

Type of School	Name of School and City/State	No. of Yrs	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Skills:	<input type="text"/>
Training:	<input type="text"/>

Computer: PC Mac Both

Software Applications (list all that apply):

Certifications:

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Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (Be Specific): Resigned Discharged Laid Off or Lack of Work

List jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

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Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (Be Specific): Resigned Discharged Laid Off or Lack of Work

List jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

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Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (Be Specific): Resigned Discharged Laid Off or Lack of Work

List jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

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Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (Be Specific): Resigned Discharged Laid Off or Lack of Work

List jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

Please list 3 references other than relatives and previous employers:

Name			
Position			
Company			
Telephone			

I hereby acknowledge that I have read the below statements and understand same.

Signature
Field

Date:

My signature above certifies that all information in this application and the answers given by me during the interview process are accurate and complete to the best of my knowledge and subject to verification by Knight Raven Enterprises. I further understand that if, by the judgment of the company, I have included any misrepresentation or omission of the facts or circumstances, that this false information will result in the refusal and/or termination of my employment if discovered after date of hire.

I understand that this application is good for only for 60 days from today's date. If I still desire a position with the company after the application expires, it will be my responsibility to complete a new application and submit it to the company. Otherwise the company will not consider me for employment after this application expires.

I authorize Knight Raven Enterprises to communicate with all my former employers, business associates, school officials and persons named as references; as well as any third parties such as financial institutions, credit or public record agencies of Knight Raven Enterprises choice. In order to complete a thorough investigation of the information included on this application, my education, employment, financial and credit history may be verified to obtain information regarding my character and qualifications. I hereby release all employers, schools, third party agencies and individuals contacted from any liability for any damage whatsoever resulting from giving such information. I understand that I have a right to make a written request within a reasonable period of time to receive additional information about the nature and scope of such investigative report.

I understand that at any time should I become an authorized driver of a company vehicle I give permission to complete a check of my driving record. I specifically understand and authorize the procurement of an investigative consumer credit report (specifically a motor vehicle report – MVR) and understand that it may contain information about my background, mode of living, character, general reputation and personal characteristics.

If hired, I understand that my first three months of employment are a preliminary "Introductory Period". Further, I acknowledge that Knight Raven Enterprises maintains an "at will" employment relationship with all employees. I further understand that as Knight Raven Enterprises deems necessary, I may be required to work overtime or hours outside a defined work day or work week. I also understand that I am required to abide by all policies, procedures, rules and regulations of Knight Raven Enterprises.



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Applicant Drug Testing Consent Agreement

As a prerequisite to employment, I hereby agree to allow Knight Raven Enterprises drug testing vendor to collect urine samples from me to determine the presence of drugs in my body. Further, I give my consent to the release of my test results to authorize Knight Raven Human Resources management for appropriate review.

I understand that the results of the drug testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to test, I will be removed from further consideration for employment. Adulterated or substituted specimen constitutes a refusal to test.

Further, I understand that, if employed by Knight Raven Enterprises, I must abide by the terms of Knight Raven Enterprises' Substance Abuse Policy and may be required to submit to testing for the presence of drugs and/or alcohol as required by the company. I understand that submission to such testing is a condition of employment with Knight Raven Enterprises and disciplinary action, up to and including termination, may result for violating Knight Raven Enterprises'

Substance Abuse Policy.

I understand that I have the right to retest a confirmed positive sample at the same or other approved laboratory. Knight Raven Enterprises, through the approved laboratory, will make confirmed positive samples available to me, or a designated agent, during the time that the sample is required to be retained. I must request release of the sample in writing specifying to which approved laboratory the sample is to be sent. I will be responsible for the payment of all reasonable expenses for chain of custody procedures, shipping and retesting of positive samples related to this request.

I hereby consent to the administration of the drug test and to the terms of the Consent Agreement. I understand that the "TIME MY SPECIMAN IS COLLECTED", as recorded by the site Collector, MUST be within twenty-four hours of the "TIME I AM NOTIFIED" to report for specimen collection. It is my responsibility to arrive at the collection site early to ensure timely specimen collection. I understand that time is of the essence.

Applicant's Name
(Please Print)

Applicant's
Signature

*Date

Employee Self-Evaluation

Answer the following questions by checking the appropriate box to the right. After you have finished answering each question, total the number of checked boxes in each column. Multiply the total of each column by the severity factor for that category. Add together the total of each column. This is your evaluation score. The higher the score, the better your understanding is of your company, its structure and your role in it.

	Below Average 1	Satisfactory 2	Above Average 3	Superior 4
I know what the responsibilities of my job are.				
I know who my supervisor is and what he or she is responsible for.				
I feel my work load is too heavy.				
I feel I can discuss my problems with my supervisor.				
I know what my benefits are.				
I feel I am a part of a productive work team.				
I always know what my daily and weekly goals are.				
I know what the long-terms goals of the company are.				
I know what the organizational structure of the company is.				
I feel I have had enough training to perform my job.				
Total the number of responses in each column.				
Multiply the responses by each column's severity factor.				
Add the results for your total audit score.				

Performance Report

Employee		Date Hired
Job Title	Salary	Date of Review

Evaluation of Performance	S/W	Comments
Team Player		
Meets Deadlines		
Organizational Skills		
Communication Skills		
Leadership Ability		
Interaction With Co-Workers		
Attendance		
Quality of Work		

*S=Strength; W=Weakness

Employers' Comments

Goals

Date of Next Evaluation _____

Employee

Interviewer