

## Employment Application

KINT Corporation does not discriminate in employment on the basis of sex, age, race, color, religion, national origin, genetic information, disability, veteran/military status, or any other classification protected by applicable law. Individuals with disabilities who need assistance completing this application should request a suitable accommodation.

| Applicant Information   |                                       |  |                                      |
|---|---------------------------------------|--|--------------------------------------|
| Full Name:  |                                       |  |                                      |
| (Last Name, First Name, Middle Initial)   |                                       |  |                                      |
| Street Address  |                                       |  | Apartment/Unit #                     |
| City  |                                       | State  | ZIP Code                             |
| Phone:<br>( )   |                                       | E-mail Address:  |                                      |
| Date Available:   | Position Desired:                     |  | Desired Salary or Hourly Rate:<br>\$ |
| Best Way To Reach You:  | How did you hear about this position? |  |                                      |
| Are you legally authorized to work in the US?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                       | Are you under 18 years of age?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                      |
| Education or Military Service   |                                       |  |                                      |
| School/Institution or Branch of Military  | Name and State of School              | Major or Military Duties   | Degree(s) Received or Military Rank  |
| HIGH SCHOOL   |                                       |  |                                      |
| TRADE SCHOOL  |                                       |  |                                      |
| COLLEGE/UNIVERSITY  |                                       |  |                                      |
| GRADUATE/PROFESSIONAL   |                                       |  |                                      |
| Military  |                                       |  |                                      |
| OTHER   |                                       |  |                                      |
| Professional References   |                                       |  |                                      |
| Provide the names of three individuals, not related to you, who are in the position to evaluate your employment. Preferably former supervisors or people with whom you have worked. |                                       |  |                                      |
| Full Name   |                                       | Relationship   |                                      |
| Company   |                                       | Phone<br>( )   |                                      |
| Email Address   |                                       |  |                                      |
| Full Name   |                                       | Relationship   |                                      |
| Company   |                                       | Phone<br>( )   |                                      |
| Email Address   |                                       |  |                                      |
| Full Name   |                                       | Relationship   |                                      |
| Company   |                                       | Phone<br>( )   |                                      |
| Email Address   |                                       |  |                                      |

| Employment Information (Please complete for your last 4 jobs if applicable)                                       |                   |
|---|-------------------|
| Company:  | Phone:<br>(    )  |
| Dates of Employment:<br>From:                      To:  | Supervisor/Title: |
| Most recent Job Title:  |                   |
| Responsibilities: If Applicable, see resume for details <input type="checkbox"/>                                  |                   |
| Reason for Leaving:   |                   |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| *Account for time between employment:   |                   |
| Company:  | Phone:<br>(    )  |
| Dates of Employment:<br>From:                      To:  | Supervisor/Title: |
| Most recent Job Title:  |                   |
| Responsibilities: If Applicable, see resume for details <input type="checkbox"/>                                  |                   |
| Reason for Leaving:   |                   |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| *Account for time between employment:   |                   |
| Company:  | Phone:<br>(    )  |
| Dates of Employment:<br>From:                      To:  | Supervisor/Title: |
| Most recent Job Title:  |                   |
| Responsibilities: If Applicable, see resume for details <input type="checkbox"/>                                  |                   |
| Reason for Leaving:   |                   |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| *Account for time between employment:   |                   |

|   |                   |
|---|-------------------|
| Company:  | Phone:<br>(    )  |
| Dates of Employment:<br>From:                      To:  | Supervisor/Title: |
| Most recent Job Title:  |                   |
| Responsibilities: If Applicable, see resume for details <input type="checkbox"/>                                  |                   |
| Reason for Leaving:   |                   |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| *Account for time between employment:   |                   |

#### Disclaimer and Signature

The information set forth on my application is true and complete. I understand that if employed, any false statement, misrepresentation or material omission of information on this application may result in dismissal or may result in my failure to receive an offer of employment. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides not to hire me. The company is an AT-WILL employer, meaning that either the employer or the employee can end the employment relationship at any time and for any or no reason.

The Company or its agents may seek to verify the information on this application. As such, I hereby authorize the Company or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to the Company on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

Any offer of employment is contingent on my providing documentation to verify a legal right to work in the United States.

**Signature:**

**Date:**