



One of a Kind Employment Application

Applicant Information			
Last Name:	First:	M.I.:	Date:
Street Address:			Apt. #:
City:		State:	Zip Code:
Phone #:	E-Mail Address:		
Date Available:	# of hours desired:	Position Applying For:	
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish your authorization papers.			
Have you ever worked for OOK? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and in what position? What was your reason for leaving?			
Are you 14 or over (legal age to work in Kansas, with a work permit)? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you age 16 or over (legal age to work without a work permit)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted or a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
Have you ever been dismissed or forced to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

Availability (Mark an "X" where you are available to work):											
	7 – 8 am	8 – 9	9 – 10	10 – 11	11- Noon	Noon – 1	1 – 2	2 – 3	3 – 4	4 – 5	5 – 6 pm
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											

Education			
High School:		Address:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

Previous Employment		
Company		Phone #: ()
Address:	Supervisor:	
Job Title:	Starting wage:	Ending Wage:
Responsibilities:		

From:	To:	Reason for leaving:
May we contact the above named supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone #: ()
Address:		Supervisor:
Job Title:	Starting wage:	Ending Wage:
Responsibilities:		
From:	To:	Reason for leaving:
May we contact the above named supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone #: ()
Address:		Supervisor:
Job Title:	Starting wage:	Ending Wage:
Responsibilities:		
From:	To:	Reason for leaving:
May we contact the above named supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

References <i>(Please list three professional references.)</i>	
Full Name	Relationship
Company	Phone #: ()
Address	
Full Name	Relationship
Company	Phone #: ()
Address	
Full Name	Relationship
Company	Phone #: ()
Address	

Referral Source <i>(How'd you hear about us)</i>	
<input type="checkbox"/> Walk-in Applicant <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employee Referral (Name) _____	
<input type="checkbox"/> Community Organization (Name) _____ <input type="checkbox"/> School/College _____	
<input type="checkbox"/> Website (Name) _____ <input type="checkbox"/> Other (Please list) _____	

Additional Questions
Why are you interested in working for One of a Kind?
What strengths would you bring to our team?
What didn't you like about your previous jobs?

Disclaimer and Signature
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.
Signature: _____ Date: _____