

Kronenberger & Sons Restoration, Inc.
80 East Main Street
Middletown, CT 06457
860-347-4600

APPLICATION FOR EMPLOYMENT

You must complete all sections of this application and supply only the information requested. Applications must be typed or completed in blue or black ink and bear your original signature. Applications that are not completed as directed will be rejected. This application will be active for a period of thirty (30) days.

PERSONAL INFORMATION:

Name _____
Last First Middle Initial

Phone () _____ Social Security # _____

Present Address _____
Number & Street City & State Zip Code

Position Applying For _____ How were you referred? _____

Are you under 18 years old? Yes ___ No ___

Are you legally authorized to work in the United States? ___ Yes ___ No

(Note: If hired, you will be required to submit proof of legal right to work in the U.S.)

Date able to start _____ Have you previously worked or applied for a job here? _____
If yes, when? _____

Are you able to work all shifts? Yes ___ No ___ If no, when are you unable to work?

Are you employed now? ___ Yes ___ No

May we contact your current employer? ___ Yes ___ No

Are you on layoff and subject to recall? ___ Yes ___ No

Can you travel if the job requires it? ___ Yes ___ No

Do you understand the requirements of the position for which you have applied? ___ Yes ___ No

To the best of your knowledge, can you perform the requirements of the job with or without reasonable accommodation? ___ Yes ___ No

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

Name of High School	City & State	Course	Degree
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Name of College	City & State	Course	Degree
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Other Courses/Schooling (including apprenticeship)

Trade or Technical School(s)

Please describe any additional information you think would be helpful to us in considering you for employment, such as job-related skills or training not mentioned above, any licenses you may possess and any machines you can operate. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, disability or handicap.

EMPLOYMENT HISTORY: List present or most recent job first. If more space is needed, please continue on a separate sheet of paper. List every employer for which you worked during the last 10 years and also list any periods during which you were unemployed.

<u>Dates From & To</u>	<u>Employer's Name & Address</u>	<u>Job Duties & Rate of Pay</u>	<u>Reason For Leaving</u>	<u>Name & Phone of Direct Supervisor</u>	<u>May we contact? Y/N</u>

Which of those jobs did you like best? _____

What did you like most about the job? _____

Military service: Branch _____ Dates of service _____

CRIMINAL HISTORY:

Please be advised, under Connecticut law, you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes, Sections 46b-146, 54-76o or 54-142a, specifically, records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon.

Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o, or 54-142a shall be deemed to have never been arrested within the meaning of the General Statutes with respect to the proceedings so erased and may so swear under oath.

1. Have you ever been convicted of a felony? _____Yes _____No

If yes, please explain on the reverse side of this form.

(Note: Conviction will not necessarily disqualify you from employment.)

APPLICANT CERTIFICATIONS AND AGREEMENTS
(Please read the following statements carefully)

I certify that all information on this application and any other material provided by me are true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize Kronenberger & Sons Restoration, Inc. ("Company") or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and the Company and its agents from all liability which may flow from the release of such information.

I understand that as a condition of any offer of employment, I will be required to submit to a drug test. I further understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment. I voluntarily consent to a pre-employment drug test to be conducted by a drug-testing facility of the Company's choice. I understand that the results of the drug tests will be provided to the Company and hereby authorize the disclosure of the results of my pre-employment drug test to the Company.

I further understand that, depending on the type of position applied for, I may be required to submit to a pre-employment medical examination as a condition of employment. I understand that the results of the medical examination and any answers to medical inquiries will be maintained on separate forms and will be treated as confidential medical records. I have been informed that I will not be excluded from employment based on the results of a medical examination unless I have a medical condition that prohibits my ability to perform the essential job functions of the position, with or without an accommodation, and that the Company will make reasonable accommodations, where possible, to assist me to perform the essential functions of my position. I understand that a written job description is available and will be furnished to me upon request. I voluntarily consent to a pre-employment, post-offer medical examination. I understand that the results will be provided to the Company and hereby authorize the disclosure of the results of my medical examination to the Company.

I understand that if I am hired my employment will be on an "at-will basis," for no definite term. As such, I understand that either the Company or I may terminate my employment at any time, for any reason or no reason, with or without advance notice. My "employment at will" status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of the Company. I further acknowledge that I am expected to abide by all Company rules, regulations, and policies, written

APPLICANT CERTIFICATIONS AND AGREEMENTS (Cont'd)
(Please read the following statements carefully)

or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

I have read, understand and agree to the foregoing.

Date: _____

Applicant's Name (Typed or Printed): _____

Applicant's Signature: _____

ADDENDUM TO EMPLOYMENT APPLICATION

VOLUNTARY

IN ORDER TO MEET STATE AND FEDERAL REPORTING REQUIREMENTS, WE ARE REQUESTING THAT YOU VOLUNTARILY SUPPLY THE FOLLOWING INFORMATION. THIS DATA WILL NOT BE USED FOR DISCRIMINATORY PURPOSES AND WILL NOT BE CONSIDERED IN THE EVALUATION OF YOUR APPLICATION.

A	SEX:	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
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B RACE / ETHNIC DATA

1. **BLACK (not of Hispanic Origin):** Persons having origins in any of the black racial groups of Africa.
2. **HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture of origin, regardless of race.
3. **WHITE (not of Hispanic Origin):** Persons having origins in any of the original peoples of Europe, North America, or the Middle East.
4. **AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. **ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Island. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.