



religion, sex, ancestry, familial status, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age, family or ancestry.

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**EMPLOYMENT HISTORY (Please begin with your current or most recent employer)**

<b>DATES OF EMPLOYMENT</b>	<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>POSITION/BRIEF DESCRIPTION OF DUTIES</b>	<b>HOURLY WAGE</b>	<b>REASON FOR LEAVING</b>
FROM: TO:				
FROM: TO:				

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**MISCELLANEOUS**

**Kiffmeyer, Inc. requires drug testing for new employees.**

**Would you be willing to submit to a drug test?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you currently in a Union?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Union Name and Level** \_\_\_\_\_

**Are you OSHA Certified?** OSHA10 \_\_\_\_\_ or OSHA 30 \_\_\_\_\_

**Have you successfully completed a Dust Mask Fit Test?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, do you have documentation?** Yes \_\_\_\_\_ No \_\_\_\_\_

**“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date and payment of my wages and salary, be terminated at any time without prior notice and without cause.”**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_