

# APPLICATION FOR AT~WILL EMPLOYMENT

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. You may have additional rights under federal law.

Position Applied For:		Date of App	Date of Application:		
Date you can start:		Please note that thi six (6) months, after	s application will only remain act er which the applicant would nee		
Name:			SSN:		
Last	First	MI			
Present Address:					
	Street	City	State	Zip	
Permanent Address:					
	Street	City	State	Zip	
Telephone #: ()		Email Address:			
Are you 18 years or older	? Yes	No	Please ensure your email is correct and cle	early written.	
Are there any hours or da If so, when?			No		
Salary Desired \$	/hr. Ty	ype of Employment:	Full-timePa	ırt~time	
Are you employed now?		May we contac	t your present employer? _		
Have you ever applied wi	th our company befo	ore?	Where?		
Under what name?			When?	_	
Have you ever worked for	KSP before?	When?	·		
If yes, reason for leaving?					

	Name and Location of School	# of Yrs. Attended	Did You Graduate?	Subject / Major
lementary chool	333333			
igh School				
ollege				
pecialized raining				
Oo you have US	S Military experience?	Date E	ntered	
Branch:	Rank: Date Dischar	ged:	_ Honorably?	
Please provide a	y entitled to be employed in the United any additional information such as spe alifications which you feel will be help	cial skills, train	ing, management	experience, equipme
Please provide a	any additional information such as spe	cial skills, train	ing, management	experience, equipme
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# CURRENT AND FORMER EMPLOYERS: (Most recent one first)

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD / RESPONSIBLITIES	REASON FOR LEAVING
From:				
То:				
From:				
То:				
From:				
То:				
From:				
То:				
From:				
То:				
MAY WE CO	ONTACT THE EMPLOYERS LISTED?		YesN	ľo
IF NOT, WH	ICH ONE(S)?			
Are you rel	ated to a current or past emplo	yee?	<del></del>	
If yes, who				
What is you	ur relationship?			

\* \* \* \* \* \*

#### Please read the following statement carefully before signing to indicate your understanding.

I certify that the facts contained in this application are true and complete to the best of my knowledge and that I understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is at-will and for no definite period and may be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment - related purpose. I release the listed references and all employers, except those specifically exempted, \* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

I agree that I will not commence any actions or lawsuit relating to my employment with KSP, or the termination of my employment, more than 6 months after the event giving rise to the action lawsuit. I understand that any relevant statute of limitations shorter than 6 months will continue to apply; however, I agree to waive to the fullest extent permitted any relevant statute of limitations longer than 6 months. I understand this means that even if the law would give me the right to wait longer than 6 months to make a claim, I am freely and knowingly waiving that right and, and that any claims brought within 6 months after the event giving rise to the claim (or any shorter statute of limitations) will be barred. I waive any right to a jury trial if I ever file a lawsuit regarding my employment with KSP. I understand that this means that even if the law would give me the right to have a jury decide my claims, I am freely and knowingly waiving that right and agree to have my claims heard and decided by a judge instead.

Date			Signature	
	ers specifically exempted:			
or Employer Use				
nterviewed By:	Date:	Hired:	Yes	No
tarting Date:	Position:		Wage:	

## MATH SKILLS TEST

### **PROBLEM**



- 1. Please mark the above tape measure appropriately:
  - a. 77/16
  - b. 3 ½
  - c. 7/8
- 2. Harold's fork truck is rated for 4,000 pounds. He has to move and stack 10 skids (pallets) of paper, each weighing 1,500 pounds. What is the maximum number of skids he can lift at one time? How many trips will he have to make?

Maximum skids: \_\_\_\_\_\_ Number of trips: \_\_\_\_\_

- 3. What is the decimal equivalent for <sup>3</sup>/<sub>4</sub>? Answer: \_\_\_\_\_
- 4. What is the fraction equivalent for 8.625? Answer: \_\_\_\_\_
- 5. Add these fractions: 6 3/8 + 7 9/16 = Answer: \_\_\_\_\_
- 6. What is 10% of 175? Answer: \_\_\_\_\_
- 7. You are told to pack 108 batteries in boxes. Each box holds 24 batteries. If you packed full boxes only, how many batteries will be left over? Answer:
- 8. What kind of tool might this be?

  Circle the correct measurement: a) .250" b) .248" c) .200
- 9. Add these numbers: 4.9 + 9.7 + 5.62 + 7.25 =Answer:
- 10. How many times will 15 go into 150? Answer: