



Application for Employment

KHP is a TN Drug Free Work Place

_____	_____	_____
Date of Application	Position(s) Applying For	Desired Salary / Hourly Wage

_____	_____	_____
Last Name	Middle Name	First Name
_____		_____
Street Address		City , State, Zip
_____	_____	_____
Home Phone	Cell Phone	Other contact information

Is your drivers license valid		

Are you eligible to work in the United States:	Are you 18 or over:
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Describe yourself in a few sentences.

Name and Location Of College or University or Trade School	Major	Minor	Degree

Please list any other training or job skills that you feel would be an asset to our company

Are you currently, or have you served in the military?:	Branch: _____
Military Duties and Training: _____	

Do you have any restrictions which will not allow you to perform any certain task?

Do you have any restrictions on days you are available to work?

Do you have any restrictions on the hours you are available to work?

Are you available for "Out of town" and "Overnight" work if required?

Employment History

Current or Most Recent Employer:

Company Name:		Telephone:	
Street Address:			
City:	State:	Zip:	
May we contact this reference?	Supervisor or Contact:		
Position Held:	Started:	Left:	
Job Duties:			
Hours Per Week:	Starting Hourly Rate:	Ending Hourly Rate:	
Reason for Leaving:			

Previous Employer (1)

Company Name:		Telephone:	
Street Address:			
City:	State:	Zip:	
May we contact this reference?	Supervisor or Contact:		
Position Held:	Started:	Left:	
Job Duties:			
Hours Per Week:	Starting Hourly Rate:	Ending Hourly Rate:	
Reason for Leaving:			

Previous Employer (2)

Company Name:		Telephone:	
Street Address:			
City:	State:	Zip:	
May we contact this reference?	Supervisor or Contact:		
Position Held:	Started:	Left:	
Job Duties:			
Hours Per Week:	Starting Hourly Rate:	Ending Hourly Rate:	
Reason for Leaving:			

Previous Employer (3)

Company Name:		Telephone:	
Street Address:			
City:	State:	Zip:	
May we contact this reference?	Supervisor or Contact:		
Position Held:	Started:	Left:	
Job Duties:			
Hours Per Week:	Starting Hourly Rate:	Ending Hourly Rate:	
Reason for Leaving:			

Personal References:

List at least three persons, who are not related to you, that we may contact in reference to you.

Name:		Phone Number:
E-Mail:	Relationship:	Years Known:

Name:		Phone Number:
E-Mail:	Relationship:	Years Known:

Name:		Phone Number:
E-Mail:	Relationship:	Years Known:

Name:		Phone Number:
E-Mail:	Relationship:	Years Known:

Name:		Phone Number:
E-Mail:	Relationship:	Years Known:

Other:

Please list in your own words any other training or skills that you feel would make you an asset to our company:

I certify that all of the information I have provided on this application is true, complete, and correct to best of my knowledge and I understand that any false statements are grounds for immediate termination. Typing your name in the signature box below is your digital signature.

KHP reserves the right to submit each applicant to pre-employment drug screen and background check. This signed document represents consent.

Applicant Signature: _____ Date: _____