



# EMPLOYMENT APPLICATION

Keji Services, Inc. is an Equal Opportunity Employer and an Affirmative Action Employer. Keji is committed to excellence through diversity.

The application must be fully completed to be considered. Please complete each section, even if you attach a resume. Answer N/A if a question does not apply to the position you are applying for.

## Personal Information

PLEASE PRINT OR TYPE

Date

Last Name		First Name	Middle Name	
Street Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will You Accept Employment That Will Include Travel? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are You 18 Years of Age or Older? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Less Than Age 18, Will You Be Able to Provide a Work Permit if Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If Selected For Employment, Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes  No

Can You Provide Documentation of Your Identity and Eligibility to Work in the United States? Yes  No

Can You Perform, With or Without Accommodation, the Essential Functions of the Position for which You Are Applying? Yes  No

Do You Have a Valid Driver's License? (For driving related positions only) Yes  No

Have You Ever Been Discharged from any Employment/Position or Asked to Resign? Yes  No

If Yes, Please Explain:

Have You Ever Been Convicted of a Felony? Yes  No

If Yes, Please Explain:

**NOTE: Keji supports North Carolina's Fair Chance Law. An applicant will not be denied employment based solely on the grounds of a conviction for a criminal offense. The requirements of Keji's customers, the type of offense, and the date and the relevance of the criminal conviction to the position applied for will be considered in the employment decision.**

## Position

Position You Are Applying For	Available Start Date	Desired Pay
Type of Employment Desired		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> On-Call
<input type="checkbox"/> Seasonal/Temporary		
Shift Availability		
<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Weekend		<input type="checkbox"/> Holiday

## Education

Type	School Name & Location	Major Course of Study	Did You Graduate?		Degree Earned
High School			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Undergraduate College or University			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Graduate or Professional School			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trade, Vocational or Other Training			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Professional License & Certification Information

Current Professional Discipline	
Specialty	
Original State of Licensure	
License Number	
License Expiration Date	

Has the license listed above been subject to any disciplinary action, suspension, or revocation? Yes  No

If yes, please explain below, in detail, the reason for the disciplinary action, suspension, or revocation.

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### LIST ANY ADDITIONAL PROFESSIONAL LICENSES OR CERTIFICATIONS

License Type or Name of Professional Certification	License or Certification Number	State	Active?		Expiration Date	Has the license or certification ever been subject to disciplinary action, suspension, or revocation?	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please explain below, in detail, the reason for the disciplinary action, suspension, or revocation.

Please list your membership in any professional organizations which are directly related to the position you are applying for.

## Employment History

<b>Present or Most Recent Employer</b>	Job Title		Dates Employed
Work Phone	Starting Wage/Pay Rate		Ending Wage/Pay Rate
Fax Number	Supervisor's Name		Supervisor's Title
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Wage/Pay Rate		Ending Wage/Pay Rate
Fax Number	Supervisor's Name		Supervisor's Title
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Wage/Pay Rate		Ending Pay Rate
Fax Number	Supervisor's Name		Supervisor's Title
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Wage/Pay Rate		Ending Pay Rate
Fax Number	Supervisor's Name		Supervisor's Title
Address	City	State	Zip

<b>Employer (5)</b>	Job Title	Dates Employed	
Work Phone	Starting Wage/Pay Rate	Ending Pay Rate	
Fax Number	Supervisor's Name	Supervisor's Title	
Address	City	State	Zip

### Professional References

Name	Title	Company	Phone

### Signature

I understand consideration for employment with Keji Services, Inc. will be contingent upon the results of reference and criminal background checks. I authorize Keji Services, Inc. to investigate all information I provide on this application for employment, including previous employment, experience, and educational credentials. I also give Keji Services, Inc. permission to contact my former employer(s), all listed references, or any other person(s) who can verify the information I provide on this application. I hereby authorize and direct my current and former employers and other contacted persons to respond to any questions pertaining to the information included on this application.

Name (Please Print)	Signature
Social Security Number	
Date	