

APPLICATION FOR EMPLOYMENT

Cee Kay Supply, Inc.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Name (Last)	First	Middle	Social Security Number
Address	Street	City	State Zip
How long have you lived at this address:			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
You may contact me discreetly at my business phone number which is: ()			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer
Position(s) applying for (and for which you are qualified)			Expected Annual Salary:
Please specify location(s) interested in working: <input type="checkbox"/> St. Louis Headquarter Facility <input type="checkbox"/> Eureka MO <input type="checkbox"/> Villa Ridge MO <input type="checkbox"/> O'Fallon MO <input type="checkbox"/> Wood River IL <input type="checkbox"/> St. Clair IL <input type="checkbox"/> Centralia IL			
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Applicants who have been convicted of a criminal crime offense will not automatically be denied employment. The nature and date of the offense, the circumstances and relevance of the offense may be considered.)</small>		If yes, Date: _____ State: _____	Nature & Disposition of offense:
<i>If position applying for requires valid drivers license, please complete the following:</i>			
License Number: _____ State: _____ Class: _____ CDL Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No HAZMAT Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Certification Date: _____			
Date available for employment:		Please indicate how you found out about job opening:	
Have you ever worked for Cee Kay Supply, Inc. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Dates of Employment: Name of Supervisor: Job Title:	

EDUCATIONAL DATA

	Name and Address of School	Graduated		Diploma, GED or Degree Received	Grade Point Average
		Yes	No		
High School					X
College/Other					

MILITARY HISTORY

<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Advanced ROTC	Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Branch: Highest Rank: Dates of Service: Type of Discharge:
Please explain any military training related to the job for which you are applying. <i>(if applicable)</i>		