



EMPLOYMENT APPLICATION

Please complete the entire application.

It is the policy of KMS CAPITAL INC. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Who should be contacted if you are involved in an emergency?

1. Employer Information

Employer: KMS CAPITAL INC.

Address: 12127 Mall Blvd. Suite A 243

City/State/ZIP: Victorville, California 92394

Telephone: 562-507-0112

2. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

Social Security Number: _____

Driver's License (State/Number): _____

3. Emergency Contact

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

Full or Part Time? _____

What reasonable accommodation, if any, would you request?

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

or

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

5. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

6. If applicable, are you available to work overtime? ____ Yes ____ No

7. If you are offered employment, when would you be available to begin work?

8. If hired, are you able to submit proof that you are legally eligible for employment in the United States? ____ Yes ____ No

9. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? ____ Yes ____ No

10. Applicant's Skills

Ability

Skill Years of Experience Rating

[] Microsoft Office Suite (Word, Excel, etc.) _____ 1 2 3 4 5

[] Answering telephones _____ 1 2 3 4 5

[] Filing _____ 1 2 3 4 5

[] Customer service _____ 1 2 3 4 5

_____ 1 2 3 4 5

_____ 1 2 3 4 5

11. Applicant Employment History

Employer Name: _____

Supervisor Name: _____

College/University Name and Address

High School/GED Name and Address

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

12. Applicant's Education and Training

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received:

Did you receive a degree? _____ Yes _____ No

List any two non-relatives who would be willing to provide a reference for you.

Branch: _____

Specialized Training: _____

13. References

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

14. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize KMS CAPITAL INC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of KMS CAPITAL INC., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE

KMS Capital Inc.

12127 Mall Blvd. Suite A 243 Victorville, CA. 92394

Phone: 562-507-0112 Fax: 1800-548-8309

Email: info@kmscap.net

Website: www.kmscap.net