

K.V. MART CO.

Application for Employment

Equal Opportunity Employer

(Answer every question in full - write legibly)

POSITION FOR WHICH YOU ARE APPLYING: _____ DATE: _____

1. Print Name in Full LAST NAME FIRST NAME MIDDLE NAME	2. SOCIAL SECURITY #:	3. HOME PHONE #:	CELL PHONE #:
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4. Address (Number and Street and/or Mailing Address) _____ City _____ State _____ Zip Code _____

5. If hired, can you furnish proof that you are at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are under 18 years of age do you have a "PERMIT TO WORK"? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Will you accept part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No What days and time, if any, are you NOT available to work? _____
7. Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Proof of identity and legal authority to work in the U.S. is a condition of employment)</small>	8. Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____ When: _____

9. EDUCATION

Type of School	No. of Years	Course	Name of School	Graduate			City	Location	State
				Yes	No	Date			
Sr. High									
College									
Business/Vocational									
Adult Education									

Other details of experience or training. Include other information on Adult Education Programs, etc.

School _____ Course _____ DEGREE or CERTIFICATE _____
 School _____ Course _____

10. Do you have any relatives employed by our company or its subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Will you comply with the Safety, Work and Attendance policies of our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>RELATIONSHIP</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	RELATIONSHIP	LOCATION										12. Please indicate any foreign languages that you: Speak _____ Read _____ Write _____
NAME	RELATIONSHIP	LOCATION											

13. Have you ever been convicted of a crime other than a traffic violation? Yes No
 If yes, please explain and state the charge, the court, the date of the conviction, and the disposition of the case. _____
(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

14. Person To Notify In Case of an Emergency:

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Name _____ Phone Contact (Area Code, Extension, if any) _____

Address _____ City _____ Zip Code _____

15. Are you able to perform the essential functions of the position for which you are applying either with or without accommodations? Yes No If "No" please explain: _____

16. Please list any special skills, experience or other qualifications which you feel would help you to perform the job for which you are applying: _____ _____	17. Approximate Salary Expected: \$ _____ per _____
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18. Driving Record (Complete the following questions only if required for the job for which you are applying)

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Under what name is your present Driver's License? _____ Number _____ State _____ Expiration _____ Restrictions _____ Do you have a special Driver's Classification License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	Have you ever been denied a license or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ Have you ever had your Driver's License suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
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AN EQUAL OPPORTUNITY EMPLOYER

19. Employment Record

Show your continuous record of employment for the last 4 employers in the order in which it occurred, listing the most recent employment first. If unemployed, in the military, in business for yourself, or employed by relatives for any of this time, indicate these dates, etc.

DATES	EMPLOYERS	DUTIES	
From (Mo & Yr)	NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE	YOUR NAME WHILE EMPLOYED THERE IF DIFFERENT THAN NOW
To (Mo & Yr)			
Salary	ADDRESS	DUTIES	
Hours per Week	CITY AND STATE ZIP CODE	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME PHONE		WILL YOU CONTINUE TO WORK HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
From (Mo & Yr)	NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE	YOUR NAME WHILE EMPLOYED THERE IF DIFFERENT THAN NOW
To (Mo & Yr)			
Salary	ADDRESS	DUTIES	
Hours per Week	CITY AND STATE ZIP CODE	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME PHONE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
From (Mo & Yr)	NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE	YOUR NAME WHILE EMPLOYED THERE IF DIFFERENT THAN NOW
To (Mo & Yr)			
Salary	ADDRESS	DUTIES	
Hours per Week	CITY AND STATE ZIP CODE	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME PHONE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
From (Mo & Yr)	NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE	YOUR NAME WHILE EMPLOYED THERE IF DIFFERENT THAN NOW
To (Mo & Yr)			
Salary	ADDRESS	DUTIES	
Hours per Week	CITY AND STATE ZIP CODE	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME PHONE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its Chairman/CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Chairman/CEO of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the Chairman/CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a drug screen test.

Signature of Applicant _____

Date _____