Kimball® Electronics Group

A Division of Kimball Electronics, Inc.

APPLICATION FOR EMPLOYMENT

"We seek a diversified group of employees who can be committed to preserving and enhancing our company valuesò(Corporate Guiding Principles)

Instructions: To be fairly considered for employment, please answer each question, leaving nothing blank. If a question does not apply to you, write ñN/Aò or ñNoneò Application will be considered active until the position applied for is filled.

DATE

PERSONAL

LAST NAME | FIRST | MIDDLE | EMAIL

STREET ADDRESS | CITY | STATE | ZIP | HOME PHONE | MOBILE PHONE

If any records are in another name, please list:

Are you 18 years old or older? ◯ Yes ◯ No

Phone number to leave message: (optional)

Have you ever been convicted of a felony by judgement, verdict, guilty plea or plea of no contest? ◯ Yes ◯ No

If yes, please explain: (Conviction will not necessarily disqualify you from employment)

Would you relocate now or at some future point? ◯ Yes ◯ No

Geographic preference:

Are you legally authorized to work in the US? ◯ Yes ◯ No

Will you now or in the future require sponsorship? ◯ Yes ◯ No

Are you a previous employee of any Kimball company? ◯ Yes ◯ No

If yes, Name of Company

Dates of employement

If you know of anyone in our employ, state their name and department.

Date available for employment:

Position applied for:

Please explain why you feel you are qualified for this position.

Work preference: (Check all that apply)

- ☐ Full Time
- ☐ Part Time
- ☐ Office
- ☐ Manufacturing
- ☐ Coop/Intern.
- ☐ Seasonal/ Project Based

Available for: (Check one)

◯ Day ◯ Night ◯ Any Shift

EDUCATION

	Name, City and State	Number of Years Completed	Degree Attained	GPA	Nature of courses taken or degree attained
High School			◯ Yes ◯ No		
Vocational Technical			◯ Yes ◯ No		
College			◯ Yes ◯ No		
Graduate School			◯ Yes ◯ No		

Please list any additional training/education you feel may be pertinent:

An Affirmative Action / Equal Opportunity Employer

EMPLOYMENT HISTORY

Please give accurate full time and part time record

CURRENT OR MOST RECENT

Company Name				Employed From (date)	Starting Position	Starting Pay Rate: $ Per Yr
Address	City	State	Zip	Employed Until (date)	Current Position	Current Pay Rate: $ Per Yr
Company Telephone Number	Type of Business			Supervisor's Name		Phone Number
Describe responsibilities, tasks performed and/or skills used.						
Reason for leaving / considering leaving						If you prefer we not contact your present employer please check this box ☐

Company Name				Employed From (date)	Starting Position	Starting Pay Rate: $ Per Yr
Address	City	State	Zip	Employed Until (date)	Ending Position	Ending Pay Rate: $ Per Yr
Company Telephone Number	Type of Business			Supervisor's Name		Phone Number
Describe responsibilities, tasks performed and/or skills used.						
Reason for leaving / considering leaving						

Company Name				Employed From (date)	Starting Position	Starting Pay Rate: $ Per Yr
Address	City	State	Zip	Employed Until (date)	Ending Position	Ending Pay Rate: $ Per Yr
Company Telephone Number	Type of Business			Supervisor's Name		Phone Number
Describe responsibilities, tasks performed and/or skills used.						
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Address	City	State	Zip	Employed Until (date)	Ending Position	Ending Pay Rate: $ Per Yr
Company Telephone Number	Type of Business			Supervisor's Name		Phone Number
Describe responsibilities, tasks performed and/or skills used.						
Reason for leaving / considering leaving						

SKILLS AND EXPERIENCE

Summarize special job related skills and qualifications acquired from employment, education or other experiences.

Please share your experience with problem solving teams and techniques.

State any additional information you feel may be helpful to us in considering your application.

ñRecognizing that an attitude of pride in the company and the community are intertwined we seek to share, but not impose our values within the communities in which we live.ò(Corporate Guiding Principles)

List professional, trade, business or civic activities and offices held. (Please exclude any information that may reveal sex, race, national origin, handicap, disability, sexual orientation or gender identity)

REFERENCES

List three individuals who are acquainted with your work performance and/or academic achievement

Name 1.	Job Title			How do you know this person?
Company Name				Years Acquainted / Telephone Number
Address	City	State	Zip	
Name 2.	Job Title			How do you know this person?
Company Name				Years Acquainted / Telephone Number
Address	City	State	Zip	
Name 3.	Job Title			How do you know this person?
Company Name				Years Acquainted / Telephone Number
Address	City	State	Zip	

ñOur people are the company. Kimball has been built upon the tradition of pride in craftsmanship, mutual trust, respect for dignity of the individual, a spirit of cooperation, and a sense of family and good humor. We seek to enhance this culture as we grow.ò(Corporate Guiding Principles)

Applicant's Agreement

In exchange for extending me the opportunity to seek employment with the division or subsidiary of Kimball International to which I am applying, (hereafter referred to as "Company"), I understand and agree that:

1. Any false statements or omission of answers to questions asked on this application or in any correspondence relating thereto will be just cause for refusal of my employment, or if employed, immediate termination.

   As a result of my application for employment, The Company or its authorized employees or agents may request, and I also authorize and request, each former employer and each person of entity that I have given as a reference to furnish any information concerning my previous employment and any pertinent information they may have, including information regarding my work habits, skills, or character, and I waive any privileges and release all parties from any liability or damages that may result from requesting or proving such information.

2. I further authorize the Company and its authorized employees and agents to make any lawful examination of my criminal record, and I waive and privileges and release all parties from any liability or damages that may result from requesting or providing such information.

   Employment consideration is contingent upon my undergoing a drug screening examination. This examination will consist of a test to detect the presence of non-prescribed or prohibited controlled substances in my system. I understand that collected samples and test results will be the property of the Company. Any doctor, hospital, or testing laboratory may conduct medical or drug tests, and I hereby give my consent to have all information released necessary for the Company to determine my abilities to perform job duties now or in the future.

3. If I am offered and accept employment with the Company, such employment may be separated at will at any time by myself, or by the Company at any time, without prior notice or cause. If such separation occurs prior to payment of any year-end or deferred quarterly bonus, such bonus and vacation as allowed by law, will be forfeited. I agree to conform to the rules and regulations of the Company, and I understand that no interviewer, employee, officer or any other representative of the Company has any authority to enter into an agreement, oral or written, for employment for any specified period of time, or to make any agreement or assurance contrary to this Agreement.

4. I cannot be considered an employee of the Company at any time prior to completion of any investigation deemed necessary by the Company. An offer of employment may be conditioned upon satisfactory completion of the Company's medical examination, when required.

5. The Company is an Equal Opportunity Employer. The Company does not discriminate in any condition of employment based on age, race, color, religion, sex, national origin, disability, military status or other legally protected status. No question on my employment application is used for a purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

6. All disputes, controversies or claims arising hereunder, and the interpretation of any of the provisions or the performance called for hereunder shall be governed and determined by the laws of the State of Indiana and any suit or action at law or inequity involving a dispute, controversy or claim arising hereunder shall be brought and maintained by either party in a Federal or State Court located in the State of Indiana only.

I hereby certify that all responses contained within this application are true, complete and accurate.

Please Type Your Name Here _____ (Please note that typing your name constitutes an electronic signature)

Date _____

APPLICANT DATA RECORD

Kimball International is an Equal Opportunity/Affirmative Action Employer. The Government requires us to collect and report certain census information. The information (asked for below) will be used only in statistical reports we are required to submit to the Federal Government. Information contained here will not be used to evaluate your suitability as a potential employee of Kimball International.

Name: Last	First	M.I.	Email		
Present Address	City		County	State	Zip
Phone: (Home)	Phone: (Mobile)		Birth date (Mo/Day/Yr)		

Please select the one circle below that best describes your appropriate sex and race/ethnic information:

Hispanic or Latino 1	White 2	Black or African American 3	Asian 4	Native Hawaiian or other Pacific Islander 5	American Indian or Alaskan Native 6	Two or more Races (Not Hispanic or Latino) 7
◯ Male	◯ Male	◯ Male	◯ Male	◯ Male	◯ Male	◯ Male
◯ Female	◯ Female	◯ Female	◯ Female	◯ Female	◯ Female	◯ Female

If you are a member of one of the categories described below, you are eligible to be included as such in our affirmative action program (AAP). If you would like to be included under the AAP in the below described categories, please inform us of your decision and tell us which category qualifies your inclusion in regard to those categories. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

☐ Vietnam Era Veteran: 1. This term refers to a person who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964 and May 7, 1975 in all other cases; or 2. Served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part os such active duty occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964, and May 7, 1975 in all other cases.

☐ Recently Separated Veteran: Means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

☐ Special Disabled Veteran: Refers to a veteran who: 1. Is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs or has a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap; or 2. a person who was discharged or released from active duty because of a service-connected disability.

☐ Other Protected Veteran: Refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense

☐ Disabled Individual: Refers to any person who: 1. Has a physical or mental impairment which substantially limits one or more major life activities; 2. Has a record of such impairment; or 3. Is regarded as having such an impairment.

Please Type Your Name Here _____ (Please note that typing your name constitutes an electronic signature)

Date _____

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FOR OFFICE USE ONLY
JOB GROUP: _____