

# APPLICATION FOR EMPLOYMENT

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Instructions: To be fairly considered for employment, please answer each question, leaving nothing blank. If a question does not apply to you, write "N/A" or "None". Application will be considered active until the position applied for is filled.

DATE
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<b>P E R S O N A L</b>	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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No				Would you relocate now or at some future point? <input type="radio"/> Yes <input type="radio"/> No		
	If yes, please explain: (Conviction will not necessarily disqualify you from employment)				Geographic preference:		
	Are you legally authorized to work in the US? <input type="radio"/> Yes <input type="radio"/> No		Are you a previous employee of any Kimball company? <input type="radio"/> Yes <input type="radio"/> No				
	Will you now or in the future require sponsorship? <input type="radio"/> Yes <input type="radio"/> No		If yes, Name of Company				
			Dates of employment				
	If you know of anyone in our employ, state their name and department.					Date available for employment:	
	Position applied for:					Work preference: (Check all that apply)	
Please explain why you feel you are qualified for this position.					<input type="checkbox"/> Full Time <input type="checkbox"/> Coop/Intern. <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/ <input type="checkbox"/> Office                      Project Based <input type="checkbox"/> Manufacturing		
					Available for: (Check one) <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Any Shift		

<b>E D U C A T I O N</b>		Name, City and State	Number of Years Completed	Degree Attained	GPA	Nature of courses taken or degree attained
	High School			<input type="radio"/> Yes <input type="radio"/> No		
	Vocational Technical			<input type="radio"/> Yes <input type="radio"/> No		
	College			<input type="radio"/> Yes <input type="radio"/> No		
	Graduate School			<input type="radio"/> Yes <input type="radio"/> No		
	Please list any additional training/education you feel may be pertinent:					

# EMPLOYMENT HISTORY

Please give accurate full time and part time record

C U R R E N T	Company Name				Employed From (date)	Starting Position	Starting Pay Rate: \$            Per	
	Address		City	State	Zip	Employed Until (date)	Current Position	Current Pay Rate: \$            Per
	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 <input type="checkbox"/>		

Company Name				Employed From (date)	Starting Position	Starting Pay Rate: \$            Per	
Address		City	State	Zip	Employed Until (date)	Ending Position	Ending Pay Rate: \$            Per
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	
Address		City	State	Zip	Employed Until (date)	Ending Position	Ending Pay Rate: \$            Per
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	
Address		City	State	Zip	Employed Until (date)	Ending Position	Ending Pay Rate: \$            Per
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.

“Recognizing 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.” (Corporate Guiding Principles)

List professional, trade, business or civic activities and offices held. (Please exclude memberships which 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		Email Address			
Address		City	State	Zip	Years Acquainted
Name 2.		Job Title		How do you know this person?	
Company Name		Email Address			
Address		City	State	Zip	Years Acquainted
Name 3.		Job Title		How do you know this person?	
Company Name		Email Address			
Address		City	State	Zip	Years Acquainted
					Telephone Number

“Our 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.” (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 or 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 any 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 \_\_\_\_\_

# VOLUNTARY APPLICANT DATA RECORD

The information requested below is used only to maintain records required of employers doing business with the Federal Government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT. If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities.

Name: Last	First	M.I.	Email		
Present Address		City	County	State	Zip
Phone: (Home)		Phone: (Mobile)			

Gender:     Male     Female     I do not wish to disclose this information

Please check appropriate race/ethnic information for Federal statistical reporting:

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	<b>I do not wish to disclose this information</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Type Your Name Here \_\_\_\_\_

(Please Note that typing your name constitutes an electronic signature.)

Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b> JOB GROUP: _____
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