KEON ENTERPRISES

Employment Application

APPLICANT INFORMATION															
Last Name	9						First				M.I	Date	9		
Street Add	dress										Apar	tmen	t/Unit #		
City							State				ZIP			J	
Phone Date Available							Email Address				1				
Date Avai						Desired Salary									
Position A	pplied	For									•				
,				YES	NO	If NO, are	NO, are you authorized to work in the U.S.? YES						NO		
Have you ever worked in this company? YE				YES	NO	If YES, whe	en?						•		
Have you ever been convicted of any YE					YES	NO	If YES, exp	xplain							
crime?															
EDUCATIO	ON														
High Scho	ol							Address							
From			То		Did yo	u grac	luate?	YES	N	10	Degr	Degree			
College								Address							
From			То		Did yo	u grac	luate?	YES	N	10	Degree				
REFERENCES															
Please list	three	profe	ssion	al referen	ces										
Full Name							Relatior								
Company					Phone										
Address											•				
Full Name						Relatior			nship						
Company							Phone			•					
Address															
Full Name						R	Relationship								
Company								Phone							
Address															

PREVIOUS EMPLOYMENT													
Company					Phone								
Address					Supervisor								
Job Title	Starting Salary \$	Ending Salary \$											
Responsibilities	· · · · ·												
From	То		Reason for leaving	7									
May we contact your previous supervisor for a reference					? YES			NO					
Company					Phone								
Address					Supervisor								
Job Title			Starting Salary \$	Ending			Salary \$						
Responsibilities									•				
From	То		Reason for leaving										
May we contact yo	May we contact your previous supervisor for a reference					YES			NO				
Company				Phone									
Address	Address						Supervisor						
Job Title	Starting Salary \$	Ending			Salary \$								
Responsibilities													
From	From To Reason for leaving												
May we contact your previous supervisor for a reference					? YES NO								
MILITARY EXPERIE	NCE												
Branch			From			То							
Rank at Discharge	Type of Discharge												
If other than honorable, explain													
DISCLAIMER AND SIGNATURE													
I certify that my answers are true and complete to the best of my knowledge.													
If this application leads to employment, I understand that false or misleading information in my application or													
interview may result in my release.													
Signature:		Date:											

KEON ENTERPRISES LLC 5137 DEVONSHIRE RD, Suite E HARRISBURG PA 1711

AUTHORIZATION FOR BACKGROUND SCREENING AND DRUG TESTING

I authorize **KEON ENTERPRISES LLC** or its agents to conduct an investigation and verification of all statements and information contained in this application that they may deem relevant to evaluating my qualifications for employment. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information. I release each such person, employer or its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background.

I understand that the company to which I am applying for employment will seek to keep all such information confidential except where such information is required to be released by law. Upon receiving a conditional offer of employment by this company, I agree to submit to a physical examination and/or testing for illegal drugs by a doctor or facility designated by and at the expense of the company. I also agree to submit to testing for alcohol and/or illegal drugs if requested at subsequent intervals as the company may direct during the course of my employment. I understand that refusal to submit to such testing may result in my dismissal. I agree to permit collection of urine, blood, saliva, hair and/or other samples from me to conduct this testing to determine the presence or use of alcohol and/or drugs. Further, I agree to the release of drug test results and other relevant medical information to authorized representatives of the company. I also understand that my employment is contingent upon passing such testing. I have read, understand and agree to the above.

Applicant Name:

Authorization signature of applicant:

Date: