



JOB APPLICATION FORM

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Kozeny-Wagner, Inc. is an Equal Opportunity Employer. Kozeny-Wagner, Inc. is a drug free environment and all new hires and employees are subject to random drug testing. A job offer may be contingent on the candidate passing a job-related physical.

GENERAL QUESTIONS

Date of Application _____ Position Applied For _____

Name _____

Address _____

Telephone # _____ Cell Phone # _____

Email Address _____

Union Status: Trade _____ Union Local No. _____

If you are under 18, can you, after employment submit a work permit? Yes No

If no, please explain: _____

Have you ever been employed by Kozeny-Wagner, Inc. before? Yes No

Are you legally eligible for employment in the United States? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Are you now, or have you been in the past, a qualified Section 3 worker? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please provide details and dates: _____

Answering yes to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver license number, if driving is an essential function _____

State of Issuance _____
(A motor vehicle report may be requested depending on the position.)

Date Available _____ Type of employment desired: Full Time Part Time

What is your desired salary range? _____

EDUCATIONAL BACKGROUND

Name/Location	Number of Years	Did you Graduate	Course of Study
High School			
College			
Other			

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EMPLOYMENT HISTORY

Provide the following information of your past three (3) employers.

Employer _____ Telephone No. _____
Address _____
Job Title _____ Immediate Supervisor _____
Employed from _____ to _____ Final Salary _____
May we contact this employer: Yes No
Reason for leaving: _____

Employer _____ Telephone No. _____
Address _____
Job Title _____ Immediate Supervisor _____
Employed from _____ to _____ Final Salary _____
May we contact this employer: Yes No
Reason for leaving: _____

Employer _____ Telephone No. _____
Address _____
Job Title _____ Immediate Supervisor _____
Employed from _____ to _____ Final Salary _____
May we contact this employer: Yes No
Reason for leaving: _____

REFERENCES

Please include three references with a telephone number

Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____

FEDERAL CONTRACT SELF-REPORT DATA

Kozeny-Wagner, Inc. conducts business with the government and accordingly, must reach out to, hire, and provide equal opportunity to qualified individuals without regard to race, color, religion, sex, age, national origin, disability status, protected veteran status, or any other characteristic protected by law. To help us measure how well we are doing, we are asking you the information contained in this section. Completing the information in this section is voluntary, but we hope you will choose to complete it. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

Please select one of the following that apply.

I am:

African-American

Caucasian

Hispanic

Other

I Choose Not to Disclose

Please select one of the following that apply.

I am:

Female

Male

I Choose Not to Disclose

Please select one of the following that apply.

I am a "protected veteran":

Yes

No

I Choose Not to Disclose

Please select one of the following that apply.

I was informed about the position I am applying for by:

Union, Union Representative or Local Member

Outreach Recruitment Organization

Current or Former Employer

Other

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and accurate.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

KOZENY-WAGNER, INC

951 West Outer Road | Arnold, MO 63010
t. 636.296.2012 | f. 636.296.2409

APPLICANT STATEMENT CONT.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Do not sign until you have read the above Applicant Statement.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

For Internal Use Only

Date Received

Employee Initials

KOZENY-WAGNER, INC

951 West Outer Road | Arnold, MO 63010
t. 636.296.2012 | f. 636.296.2409

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____