



APPLICATION FOR EMPLOYMENT

You must complete **all** sections of this application and supply **only** the information requested. Applications must be typed or completed in blue or black ink and bear your original signature. Applications that are not completed as directed will be rejected. This application will be active for a period of thirty (30) days.

PERSONAL INFORMATION:

Name _____
First Middle Initial Last

Phone: _____ Email: _____

Present Address: _____
Number & Street City & State Zip Code

Position Applying For: _____ How were you referred? _____

Are you under 18 years old? Yes _____ No _____

*NOTE: If hired, you will be required to submit proof of legal right to work in the United States.

Date able to start _____ Have you previously worked or applied for a job here? _____

Are you able to work all shifts? Yes _____ No _____

May we contact your current employer? Yes _____ No _____

Are you on layoff and subject to recall? Yes _____ No _____

Can you travel if the job requires it? Yes _____ No _____

Do you understand the requirements of the position for which you have applied? Yes _____ No _____

To the best of your knowledge, can you perform the requirements of the job with or without reasonable accommodation? Yes _____ No _____

KRONENBERGER & SONS RESTORATION, INC.

175 INDUSTRIAL PARK ROAD ♦ MIDDLETOWN, CONNECTICUT 06457
PHONE (860) 347-4600 ♦ FAX (860) 343-0309 ♦ WWW.KRONENBERGERSONS.COM
Major Contractor #900144 ♦ Home Improvement Contractor #552121
Affirmative Action / Equal Opportunity Employer



EDUCATION:

Name of High School	City & State	Course	Degree
_____	_____	_____	_____

Name of College	City & State	Course	Degree
_____	_____	_____	_____

Other Courses/Schooling (including apprenticeship)

Trade or Technical School(s)

Have you completed an OSHA 10 Hour Training Course? Yes___ No___

Please describe any additional information you think would be helpful to us in considering you for employment, such as job-related skills or training not mentioned above, any licenses you may possess and any tools/machines you can operate. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, disability or handicap.

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EMPLOYMENT HISTORY: List present or most recent job first. If more space is needed, please continue on a separate sheet of paper. List every employer for which you have worked during the last ten (10) years and also list any periods during which you were unemployed.

Dates From & To: _____

Employer Name & Address: _____

Job Duties: _____

Reason for Leaving: _____

Name & Phone of Direct Supervisor: _____

May we contact? Yes _____ No _____

Dates From & To: _____

Employer Name & Address: _____

Job Duties: _____

Reason for Leaving: _____

Name & Phone of Direct Supervisor: _____

May we contact? Yes _____ No _____

Dates From & To: _____

Employer Name & Address: _____

Job Duties: _____

Reason for Leaving: _____

Name & Phone of Direct Supervisor: _____

May we contact? Yes _____ No _____

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Which of these jobs did you like the best? _____

What did you like most about the job? _____

Military Service: Branch _____ Dates of Service _____

CRIMINAL HISTORY:

Please be advised, under Connecticut law, you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes, Sections 46b-146, 54-76o or 54-142a, specifically, records pertaining to finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon.

Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the General Statutes with respect to the proceedings so erased and may so swear under oath.

Have you been convicted of a felony? Yes _____ No _____

If yes, please explain below and/or on reverse side of this form.
(NOTE: Conviction will not necessarily disqualify you from employment.)



APPLICATION CERTIFICATIONS AND AGREEMENTS
(Please read the following statements carefully)

I certify that all information on this application and any other material provided by me are true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize Kronenberger & Sons Restoration, Inc. ("Company") or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and the Company and its agents from all liability which may flow from the release of such information.

I understand that as a condition of any offer of employment, I will be required to submit to a drug test. I further understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment. I voluntarily consent to a pre-employment drug test to be conducted by a drug-testing facility of the Company's choice. I understand that the results of the drug test will be provided to the Company and hereby authorize the disclosure of the results of my pre-employment drug test to the Company.

I further understand that, depending on the type of position applied for, I may be required to submit to a pre-employment medical examination as a condition of employment. I understand that the results of the medical examination and any answers to medical inquiries will be maintained on separate forms and will be treated as confidential medical records. I have been informed that I will not be excluded from employment based on the results of a medical examination unless I have a medical condition that prohibits my ability to perform the essential job functions of the position, with or without an accommodation, and that the Company will make reasonable accommodations, where possible, to assist me to perform the essential functions of my position. I voluntarily consent to the pre-employment, post-offer medical examination. I understand that the results will be provided to the Company and hereby authorize the disclosure of the results of my medical examination to the Company.

I understand that if I am hired my employment will be on an "at-will basis" for no definite term. As such, I understand that either the Company or I may terminate my employment at any time, for any reason or no reason, with or without advance notice. My "employment at will" status can only be modified by a written document setting forth such modification, signed by both me and an authorized

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representative of the Company. I further acknowledge that I am expected to abide by all Company rules, regulations and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

I have read, understand and agree to the foregoing.

Date: _____

Applicant's Name (Typed or Printed): _____

Applicant's Signature: _____

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