



1111 Sakura Drive
Morristown, TN 37813

EMPLOYMENT APPLICATION

Kawasaki Tennessee, Inc. (KTN) is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.

Application must be completed in full even if attaching a resume.

DATE _____ FULL NAME _____ POSITION APPLIED FOR _____

ADDRESS _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ ALTERNATE NUMBER _____

HOW DID YOU HEAR ABOUT US?

Newspaper Ad Employment Agency Current Employee _____
 Billboard _____ Online _____ Other _____

ARE YOU APPLYING FOR FULLTIME [] --or--- PART TIME []

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO
(Proof of eligibility will be required upon offer of employment)

ARE YOU OVER THE AGE OF 18 YEARS? YES NO
(If no, you may be required to provide authorization)

CAN YOU- WITH OR WITHOUT REASONABLE ACCOMMODATION- PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)
YES NO

HAVE YOU EVER APPLIED TO KAWASAKI TENNESSEE, INC. BEFORE? YES NO (If yes, please give date.) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION?
(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) YES NO IF YES, PLEASE EXPLAIN:

IS ANYONE RELATED TO YOU EMPLOYED BY KAWASAKI TN, INC.? YES NO
If yes, please give their name and relationship to you. _____

WHAT SALARY OR RATE OF PAY DO YOU EXPECT TO RECEIVE IF EMPLOYED? _____ per _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES NO If yes, please explain _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK? _____

ARE YOU AVAILABLE TO WORK ANY SHIFT? YES NO Remarks: _____

EDUCATION				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

PLEASE LIST ANY ACADEMIC HONORS, SCHOLARSHIPS, OFFICES HELD, ETC. (DO NOT LIST ANY WHICH REFLECT YOUR RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITIES OR VETERAN STATUS.)

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, LICENSES OR SKILLS.

HAVE YOU RECEIVED ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? YES NO
 PLEASE GIVE DATES AND EXPLANATION:

EMPLOYMENT HISTORY
 BEGIN WITH CURRENT OR MOST RECENT EMPLOYER. DO NOT EXCLUDE ANY EMPLOYMENT. INCLUDE ANY APPLICABLE TEMPORARY EMPLOYMENT ATTACH ANOTHER SHEET IF NECESSARY. PREVIOUS SALARIES OR WAGES WILL NOT BE USED TO DETERMINE COMPENSATION AT KTN.

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE	ENDING DATE	SALARY \$	JOB TITLE
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NAME AND TITLE OF SUPERVISOR	PHONE NUMBER
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MAY WE CONTACT YOUR SUPERVISOR?

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING AND EXPLANATION

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE	ENDING DATE	SALARY \$	JOB TITLE
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NAME AND TITLE OF SUPERVISOR	PHONE NUMBER
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MAY WE CONTACT YOUR SUPERVISOR?

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING AND EXPLANATION

EMPLOYMENT HISTORY

(CONTINUED)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE ENDING DATE SALARY \$ JOB TITLE

NAME AND TITLE OF SUPERVISOR PHONE NUMBER

MAY WE CONTACT YOUR SUPERVISOR? _____

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING AND EXPLANATION

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE ENDING DATE SALARY \$ JOB TITLE

NAME AND TITLE OF SUPERVISOR PHONE NUMBER

MAY WE CONTACT YOUR SUPERVISOR? _____

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING AND EXPLANATION

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE ENDING DATE SALARY \$ JOB TITLE

NAME AND TITLE OF SUPERVISOR PHONE NUMBER

MAY WE CONTACT YOUR SUPERVISOR? _____

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING AND EXPLANATION

IF MORE SPACE IS NEEDED TO LIST PREVIOUS EMPLOYMENT, PLEASE USE BACK OF SHEET(S).

REFERENCES			
LIST AT LEAST THREE PERSONS WHO ARE NOT RELATED TO YOU WHO CAN PROVIDE PROFESSIONAL REFERENCES			
NAME	PHONE NUMBER	RELATIONSHIP/OCCUPATION	YEARS KNOWN

PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) IS CORRECT, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY FACTS IN SAID DOCUMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF THE TIMING OR CIRCUMSTANCES OF DISCOVERY.

I UNDERSTAND THAT SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT, SHOULD AN OFFER OF EMPLOYMENT BE EXTENDED BY KAWASAKI TN, INC (HEREINAFTER REFERRED TO AS "KTN") THAT SUCH EMPLOYMENT WITH KTN IS AT WILL, FOR NO SPECIFIED DURATION AND MAY BE TERMINATED BY EITHER KTN OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NONE OF THE DOCUMENTS, POLICIES, PROCEDURES, ACTIONS, STATEMENTS OF KTN OR ITS REPRESENTATIVES USED DURING THE EMPLOYMENT PROCESS IS DEEMED A CONTRACT OF EMPLOYMENT REAL OR IMPLIED. I UNDERSTAND THAT NO REPRESENTATIVE OF KTN EXCEPT THE PRESIDENT HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING ANY CONDITIONS OF EMPLOYMENT OR ANY AGREEMENT CONTRARY TO THE FOREGOING STATEMENTS AND THAT ANY SUCH AGREEMENTS MUST BE MADE IN WRITING AND SIGNED BY THE PRESIDENT OF KTN.

I UNDERSTAND THAT IF OFFERED A POSITION WITH KTN, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT MEDICAL EXAMINATION, DRUG SCREENING AND BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT UNSATISFACTORY RESULTS FROM, REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE PRE-EMPLOYMENTS TESTS AND CHECKS WILL RESULT IN WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.

I HEREBY AUTHORIZE ANY AND ALL SCHOOLS, FORMER EMPLOYERS, REFERENCES, COURTS AND ANY OTHERS WHO HAVE INFORMATION ABOUT ME TO PROVIDE SUCH INFORMATION TO KTN AND/OR ANY OF ITS REPRESENTATIVES, AGENTS OR VENDORS AND I RELEASE ALL PARTIES INVOLVED FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGE THAT MAY RESULT FROM PROVIDING SUCH INFORMATION.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE DATE

NAME AND NUMBER OF PERSON COMPLETING THIS FORM IF OTHER THAN APPLICANT:

**KTN IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER.
ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER,
NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**