



PO Box 62482 Virginia Beach, VA 23466
757.233.0110

Application for Employment

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Complete all applications and sign the last page.
- Print clearly.
- Copy of Driving Record required & cannot be more than 1 week old. After hire, a copy will be placed in your file and an annual update will be required.
- First 90 days of employment is considered a trial period and work performance is subject to review.

License to Kill, Inc. prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

Section 1 Date: _____

Name: _____ Social Security # _____

Phone Numbers: Home _____ Cell _____ Alternate _____

Address: _____

Are you a United States Citizen? Yes/ No (Circle one) Proof will be required

If no please give Green Card #: _____

Position(s) applied for: _____

Date you are available for employment: _____ Wage or Salary desired: _____

Have you ever worked for Aachren or License to Kill before? _____ If yes, when? _____

Are you available to work every Saturday? Yes/No (Circle One)

Have you ever been convicted of a felony or a misdemeanor? Yes/No (Circle One) if you answered yes, please explain:

Section 2 Educational Background

Highest level of education completed: _____

Name of educational institute: _____

Name of High School: _____

What degrees do you hold and/or certificates, diplomas: _____

What machines or equipment do you operate: _____

Are there any skills, experience, or other qualifications which you feel would assist you in performing the duties of the position you are applying for:

Section 3 List your last 5 employers below beginning with your most recent

Company Name: _____ Supervisor's name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Company Phone Number: _____ Position(s) held: _____

Duties: _____

May we contact this employer? (If not, state brief reason)? _____

Starting Salary _____ Ending Salary _____

Section 3b

Company Name: _____ Supervisor's name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Company Phone Number: _____ Position(s) held: _____

Duties: _____

May we contact this employer? (If not, state brief reason)? _____

Starting Salary _____ Ending Salary _____

Section 3c

Company Name: _____ Supervisor's name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Company Phone Number: _____ Position(s) held: _____

Duties: _____

May we contact this employer? (If not, state brief reason)? _____

Starting Salary _____ Ending Salary _____

Section 3d

Company Name: _____ Supervisor's name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Company Phone Number: _____ Position(s) held: _____

Duties: _____

May we contact this employer? (If not, state brief reason)? _____

Starting Salary _____ Ending Salary _____

Section 3e

Company Name: _____ Supervisor's name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Company Phone Number: _____ Position(s) held: _____

Duties: _____

May we contact this employer? (If not, state brief reason)? _____

Starting Salary _____ Ending Salary _____

Section 4

False information given or implied on this application form is grounds for immediate dismissal without further notice.

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if License to Kill, Inc. at any time learns of falsification or material omission in the information provided on this application form and related documents. License to Kill may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release License to Kill, Inc., its affiliates, successors, and assigns, and all references from any liability that may be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that License To Kill, Inc. reserves the right to add, change, and/or delete policies, procedures, work rules, compensation plans and/or benefits at any time.

Applicant Signature: _____ Date: _____

No consideration of employment is given to any applicant who does not sign the above statement.

Note: Additional personal information will be required to complete benefit forms after being hired.

Thank you for showing an interest in pursuing a career with License to Kill, Inc.