



KNIGHT ENTERPRISES, LLC

An Equal Opportunity Employer/Affirmative Action Employer

701 Columbia Boulevard

Titusville, FL 32780

www.knightarmco.com

Knight Enterprises, LLC is a Drug Free Workplace and does not tolerate Violence in the Workplace

Date _____

Position Applied For: _____

General Instructions:

- Type or print in ink this application in its entirety.
- Specify the position for which you are applying.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.
- Notify the hiring manager in advance if you require special disability accommodations to participate in the employment process.

Contact Information:

Your Name

Your Mailing Address

City State Zip Code Home Phone

E-mail Address Cell Phone

Are you over 18 years of age? YES NO If NO when will you be 18 _____

Do you have a shift preference? YES NO If so please state: _____

What is minimum acceptable salary? _____

EDUCATION

HIGH SCHOOL:

NAME/LOCATION OF SCHOOL: _____

RECEIVED: Diploma Other (specify) _____ None

Your Name, if different while attending school: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (transcripts may be required)

Name of School	Location	Dates of Attendance (month/year)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned
		From	To	Qtr	Sem		

Your Name, if different while attending school: _____

JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, etc.)

Name of School	Location	Dates of Attendance (month/year)		Credit Hours Earned		Course of Study	Training Completed?	
		From	To	Class	Clock		Yes	No

Your Name, if different while attending school: _____

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Drivers License, PE, CPA, Machinist, EPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY
Driver's License / ID Card				
Fl Ready for Work Cert (Preferred)				

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

Name of Present or Last Employer: _____ Wage: _____
Address: _____ City/State _____ Phone No: (____) _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours per Week: _____ (____)
Month Day Year Month Day Year Your Name if different during employment

Duties and Responsibilities: _____

Reason for Leaving: _____ If still employed may we contact your employer? YES NO

Name of Next Previous Employer: _____ Wage: _____
Address: _____ City/State _____ Phone No: (____) _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours per Week: _____ (____)
Month Day Year Month Day Year Your Name if different during employment

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Next Previous Employer: _____ Wage: _____
Address: _____ City/State _____ Phone No: (____) _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours per Week: _____ (____)
Month Day Year Month Day Year Your Name if different during employment

Duties and Responsibilities: _____

Reason for Leaving: _____

HAVE YOU EVER WORKED FOR KNIGHT ENTERPRISES, LLC OR ONE OF ITS COMPANIES?

YES NO If "Yes", when did you leave? _____ Which department? _____

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING OR HAVE WORKED WITH KNIGHT ENTERPRISES LLC OR ONE OF ITS COMPANIES? YES NO

If "Yes" what is their name / which department? _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF DOMESTIC VIOLENCE? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

Knight Enterprises, LLC hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

SECURITY CLEARANCE

Do you have or have you ever had a National Security Clearance? YES NO

If "Yes", when? _____ What Level? _____

CERTIFICATION

I am aware that any omissions, falsifications, misstatement, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Knight Enterprises, LLC for employment purposes. This consent shall continue to be effective during my employment if I am hired. **I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.**

SIGNATURE: _____

DATE: _____

**EEO & AAP INFORMATION
VOLUNTARY DISCLOSURE FORM**

Although the following information is not mandatory, it is requested to aid Knight Enterprises, LLC in its commitment to Equal Employment Opportunity and Affirmative Action. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by Human Resources Department and is not used in the determination of your qualifications and abilities. Refusal to answer will not result in adverse treatment of any applicant.

Please complete each of the areas below:

Name: _____

Position applied for: _____ Date: _____

Gender (check one): Male Female

ETHNIC BACKGROUND

Please read the definition below and check all that apply:

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

VETERAN STATUS

___ Yes ___ No If yes, period of service: From _____ To: _____

Branch of Service: ___ Army ___ Navy ___ Marine Corps ___ Air Force ___ Coast Guard

Disabled Vet Other Protected Vet Armed Forces Service Medal Vet Recently Separated Vet (36 mos.)

**THIS INFORMATION IS ONLY FOR THE INTERNAL USE OF HUMAN RESOURCES
(NOTE: This page is to be removed before forwarding the application for review.)**