



# LeonardKraus

Commercial Specialty Contractor

800 RACE ROAD  
ESSEX MD, 21221  
410-391-8020  
LEONARDKRAUS.COM

## Application for Employment

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Are you a natural born US Citizen (required for some governmental contracts)?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

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## Position Desired

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends

Holidays

Nights

Overtime

Have you previously worked for Leonard A. Kraus, Co., Inc.?  Yes  No

Dates of employment with Leonard A. Kraus, Co., Inc.: from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

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## Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

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## Skills – Construction Applicants Only

Do you have a basic understanding of Math and Reading?  Yes  No

Do you have good listening and communication skills?  Yes  No

Do you have working knowledge of how to use a tape measure?  Yes  No

Do you have the ability to follow instructions and work with a team?  Yes  No

If any of the above were answered no, please explain below and describe accommodations necessary to be able to perform the job duties required for the position you are applying for:

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Construction work requires lifting, climbing and constant movement. Do you have any physical limitation that precludes you from performing any work for which you are being considered?

Yes  No If yes, please describe below:

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## Skills – Office Applicants Only

Typing speed (WPM): \_\_\_\_\_

Are you experienced in using personal computers?  Yes  No  PC  Mac

Are you able to use Microsoft Word, Excel and Outlook/Gmail?  Yes  No What other programs are you capable of using? \_\_\_\_\_

From time-to-time Administrative Position for a Material Supply House may require lifting and climbing. Do you have any physical limitation that precludes you from performing any work for which you are being considered?  Yes  No If yes, please describe below:

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## Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

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## References

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

I understand and agree that, if hired my employment is at-will, for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date