

# JAMES KOTA, INC.

Trailers and Truck Accessories

**James Kota, Inc.**  
 8141 36<sup>th</sup> St SE  
 Jamestown, ND 58401  
 Phone: 701-952-1600

## Application for Employment

James Kota, Inc. considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position(s) Applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How Did You Learn About Us?

Advertisement     Relative     Inquiry     Friend

Employment Agency     Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

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

Best time to contact you at home is: \_\_\_\_\_

\_\_\_\_\_:\_\_\_\_\_ AM or PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes     No

Have you ever filed an application with us before?

Yes     No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes     No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?

Yes     No

Are you currently employed?

Yes     No

May we contact your present employer?

Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

Yes     No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:     Full-Time     Part-Time     Temporary

*If selected Part-Time or Temporary, please indicate times or dates available.* \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?

Yes     No

Can you travel if a job requires it?

Yes     No

**Application for Employment**

**EDUCATION**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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Describe any job-related training received in the United States Military.

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**Application for Employment**

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		Dates Employed		Work Performed
Address:		From:	To:	<hr/> <hr/> <hr/> <hr/>
Telephone Number(s):		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
Address:		From:	To:	<hr/> <hr/> <hr/> <hr/>
Telephone Number(s):		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
Address:		From:	To:	<hr/> <hr/> <hr/> <hr/>
Telephone Number(s):		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:				

**If you need additional space, please continue on a separate sheet of paper.**

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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## Application for Employment

### ADDITIONAL INFORMATION

#### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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#### Specialized Skills (Check Skills/Equipment Operated)

_____ Terminal	_____ Spreadsheet	Production/Mobile Machinery (list)	Other (List)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

## Application for Employment

### REFERENCES

1.	_____ (_____) _____ (Name) (Phone Number)
	_____ (Address)
2.	_____ (_____) _____ (Name) (Phone Number)
	_____ (Address)
3.	_____ (_____) _____ (Name) (Phone Number)
	_____ (Address)

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date