

Employment Application

| Applicant Information | | | | | | | | |
|--|-----------------------------|-------------------|------------------|-----------------------|------------------|--|--|--|
| Full Name: | | | | Date: | | | | |
| | Last | First | | М.І. | | | | |
| Address: | | | | | | | | |
| | Street Address | | | | Apartment/Unit # | | | |
| | | | | | | | | |
| | City | | | State | ZIP Code | | | |
| Phone: | | | Email | | | | | |
| Date Availab | le: | Desired Salary: | | \$ | | | | |
| Position Applied for: | | | | | | | | |
| Are you a cit | izen of the United States? | YES NO | If no, are you | authorized to work in | YES NO | | | |
| Have you ev | er worked for this company? | YES NO | If yes, when? | | | | | |
| | | Educ | ation | | | | | |
| | | | | | | | | |
| High School: | | Address: | | | | | | |
| From: | То: | Did you graduate? | YES NO | Diploma:: | | | | |
| College: | | Address: | | | | | | |
| F actoria | T | | YES NO | D | | | | |
| From: | То: | Did you graduate? | | Degree: | | | | |
| Other: | | Address: | | | | | | |
| From: | То: | Did you graduate? | YES NO | Degree: | | | | |
| References | | | | | | | | |
| Please list three professional references. | | | | | | | | |
| Full Name: | | | | Relationsh | ip: | | | |
| Company: | | | | Phor | ne: | | | |
| Address: | | | | | | | | |

| Full Name: Company: Address: | | | | Relationship: Phone: | |
|------------------------------------|---|-------------------------|----|-------------------------|--|
| Full Name: Company: Address: | | Relationship: Phone: | | | |
| | Previous I | Employme | nt | | |
| Company: Address: | | | | Phone: Supervisor: | |
| Job Title: | | | | | |
| Responsibiliti From: | es: To: | | | | |
| May we conta | act your previous supervisor for a reference? | YES | NO | | |
| | | | | | |
| Company: Address: | | | | Phone: Supervisor: | |
| Job Title: | | | | | |
| Responsibilit | es: | | | | |
| From: | То: | Reason for Leaving: | | | |
| May we conta | act your previous supervisor for a reference? | YES | NO | | |
| Company: | | | | Phone: | |
| Address: | | | | Supervisor: | |
| Job Title: | | | | | |
| Responsibilit | ies: | | | | |
| From: | То: | Reason for Leaving: | | | |
| May we conta | act your previous supervisor for a reference? | YES | NO | | |

Please email your completed application to brandi@kaskiinc.com or drop it off at the office located at 2321 W 1st St. Duluth, MN 55806.

1. What interests you the most about working for Kaski Inc?

2. What are your goals in the next 6 months?

3. What is your "WHY" for the work that you do?

4. What makes a great leader?

- 5. What days of the week work best for an interview?
 - Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: