

Korona Candles, Inc.

3994 Pepperell Way Dublin, VA 24084

Mail to above address or scan and email to: s.ballard@koronacandles.com**APPLICATION FOR EMPLOYMENT**

Korona Candles, Inc. is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

APPLICANT INFORMATION

Last Name		First		M.I.		Date		
Address				Apartment/Unit #				
City		State		ZIP				
Phone		E-mail						
Position Applied for								
Date Available		Desired Salary						
Are you 18 years of age or older?							YES <input type="checkbox"/>	NO <input type="checkbox"/>
If hired, can you provide documents required to establish your eligibility to work in the U.S.?							YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to perform the essential job functions for which you are applying with or without a reasonable accommodation?							YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of a felony in the past 7 years?							YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain:								
**Note: A criminal record or conviction will NOT be a barrier to employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying. Any record that has been expunged and/or has not resulted in a felony conviction need not be disclosed.								

EDUCATION

High School		Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College		Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other		Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

List any specialized skills and/or certifications applicable to position for which you are applying:

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REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Korona Candles, Inc. is at-will, meaning that I or Korona Candles, Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Korona Candles, Inc. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Korona Candles, Inc. requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature

Date