



## Application for Employment

Please complete this fillable application in its entirety; save and attach to an email to: [cvezey@kcrobotics.com](mailto:cvezey@kcrobotics.com). If preferred, you may print application off, complete and mail to our address noted below.

Name \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

# Application for Employment



An Equal Opportunity Employer

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)			EMAIL ADDRESS	
PRESENT ADDRESS	APT NO	CITY	STATE	ZIP
FORMER ADDRESS (if less than 7 years at present)	APT NO	CITY	STATE	ZIP
HOME PHONE	MOBILE PHONE	ARE YOU AT LEAST 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, you may be required to provide authorization to work)		
ARE YOU AUTHORIZED TO WORK LAWFULLY IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU NOW, OR IN THE FUTURE, REQUIRE KC ROBOTICS TO COMMENCE ("SPONSOR") AN IMMIGRATION CASE IN ORDER TO EMPLOY YOU? (FOR EXAMPLE, H-1B VISA OR OTHER EMPLOYMENT-BASED IMMIGRATION CASE?) <input type="checkbox"/> YES <input type="checkbox"/> NO		
DURING THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? (answering yes will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DETAILS (DATES AND LOCATION FOR CONVICTIONS)				

## DESIRED EMPLOYMENT

POSITION APPLYING FOR:		DATE YOU CAN START	SALARY or HOURLY RATE DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER WORKED FOR KC ROBOTICS BEFORE: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, give date(s) and position(s) held)		
DO YOU HAVE ANY RELATIVES OR FRIENDS WHO WORK FOR KC ROBOTICS? <input type="checkbox"/> YES <input type="checkbox"/> NO      *(if yes, list names)		HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN BY AN EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, please provide details)		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO      (if no, please explain. If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)				
ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU WILLING TO TRAVEL ON BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO      _____ % of travel acceptable				
HOW DID YOU HEAR ABOUT OUR OPEN POSITION? <input type="checkbox"/> Job Board (please indicate which one, i.e. Monster, etc.) _____ <input type="checkbox"/> Referral (please indicate employee name) _____ <input type="checkbox"/> KC Robotics Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (provide details)				

**Applicant's Name** \_\_\_\_\_

**DRIVER'S LICENSE**

*(complete if applying for position which requires driving – such as robotic technicians or outside sales position)*

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE OF ISSUE  LICENSE #	HAVE YOU HAD ANY ACCIDENTS IN THE LAST THREE YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many?	HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST THREE YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many?
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**EDUCATION – Please complete even if resume was provided**

*(Please indicate education and/or training which you believe qualifies you for the position you are seeking)*

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. YRS ATTENDED	DID YOU GRADUATE?	DEGREE/MAJOR SUBJECTS STUDIED
GED				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
GRADUATE SCHOOL				
TRADE SCHOOL				
OTHER				

HAVE YOU COMPLETED ANY SPECIAL COURSES, SEMINARS, AND/OR OTHER TRAINING THAT WOULD ENABLE YOU TO PERFORM THE POSITION FOR WHICH YOU ARE APPLYING?  YES (if yes, please describe)  NO

**EMPLOYMENT HISTORY – Please complete even if resume was provided**

*(Start with most recent employment and work backwards in time – use additional sheet of paper if more space is necessary)*

FROM (M/D/Y)	TO (M/D/Y)	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
HOURLY RATE/SALARY		REASON FOR LEAVING	
Supervisory Experience?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees have you supervised? _____	

**Applicant's Name** \_\_\_\_\_

**EMPLOYMENT HISTORY** (continued)

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
HOURLY RATE/SALARY		REASON FOR LEAVING	
Supervisory Experience?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees have you supervised? _____ .	

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
HOURLY RATE/SALARY		REASON FOR LEAVING	
Supervisory Experience?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees have you supervised? _____ .	

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
HOURLY RATE/SALARY		REASON FOR LEAVING	
Supervisory Experience?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees have you supervised? _____ .	

**MILITARY SERVICE**

ARE YOU A VETERAN OF THE UNITED STATES MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH BRANCH
IF YES, DATE ENTERED	DATE DISCHARGED
IF YES, PLEASE DESCRIBE ANY SPECIAL SKILLS OR TRAINING ACQUIRED WHILE IN THE SERVICE	
SPECIAL HONORS/AWARDS/ADDITIONAL COMMENTS	

Applicant's Name \_\_\_\_\_

**COMPUTER SKILLS** (Check programs if familiar and rate proficiency between 1-5 with 5 being most proficient)

<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> CRM / Salesforce.com	<input type="checkbox"/> Adobe Acrobat Prof
<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS Access	<input type="checkbox"/> Intuit QuickBooks	<input type="checkbox"/> Adobe Photoshop
<input type="checkbox"/> MS Outlook	<input type="checkbox"/> MS Visio	<input type="checkbox"/> Computer Aided Design (3D)	<input type="checkbox"/> Adobe Illustrator
<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> MS Project	<input type="checkbox"/> SolidWorks (3D)	<input type="checkbox"/> Adobe InDesign

**TECHNICAL SKILLS** (Complete section if applying for technical position - check only if proficient)

**FIELD SERVICE** Do you have ROBOTIC field service experience?  YES  NO If yes, # years \_\_\_\_\_

<b>MRO (Maintenance, Repair &amp; Overhaul as it pertains to Robots)</b>			<b>OEM FAMILIARITY</b>
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Preventative Maintenance	<input type="checkbox"/> Robot Rebuild/Refurbishment	<input type="checkbox"/> Kuka
<input type="checkbox"/> Disassembly	<input type="checkbox"/> Troubleshooting	<input type="checkbox"/> Robotic application programming	<input type="checkbox"/> Motoman
<input type="checkbox"/> Reassembly	<input type="checkbox"/> Electrical Repair	<input type="checkbox"/> Robot installation	<input type="checkbox"/> Fanuc
<input type="checkbox"/> Controller Maintenance	<input type="checkbox"/> Mechanical Repair	<input type="checkbox"/>	<input type="checkbox"/> Kawasaki
<input type="checkbox"/> Cable Routing	<input type="checkbox"/> Teach Pendant Repair	<input type="checkbox"/>	<input type="checkbox"/> Other

**SYSTEM INTEGRATION** Do you have experience building, installing & integrating robotic automation systems at customer sites?  YES  NO If yes, # years \_\_\_\_\_. Check below if experienced with:

<input type="checkbox"/> Off Line Programming	<input type="checkbox"/> Retrofitting EOAT (End-of-Arm Tooling)	<input type="checkbox"/> Assisting with Safety Risk Assessments
<input type="checkbox"/> PLC	<input type="checkbox"/> Integration with external equipment	<input type="checkbox"/> Project Lead Technician
<input type="checkbox"/> HMI	<input type="checkbox"/> Vision	<input type="checkbox"/> Project Management
<input type="checkbox"/> System Set-Up	<input type="checkbox"/> Developing programming plans	<input type="checkbox"/> Safety Standards (ISO 13849:1&2, ISO 10218: 1&2; ANSI R15.06)
<input type="checkbox"/> System Run-Offs	<input type="checkbox"/> Advanced Programming	

<b>PLC PROGRAMMING</b>		<b>ROBOTIC MATERIAL HANDLING PROGRAMMING</b>	
<input type="checkbox"/> Siemens	<input type="checkbox"/> Allen Bradley	<input type="checkbox"/> Palletizing	<input type="checkbox"/> Press Tending
<input type="checkbox"/> Mitsubishi	<input type="checkbox"/> RS Logix 500	<input type="checkbox"/> Dispensing	<input type="checkbox"/> Machine Tending
<input type="checkbox"/> Koyo	<input type="checkbox"/> RS Logix 5000	<input type="checkbox"/> Pick and Place	<input type="checkbox"/> Injection Molding
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Packaging	<input type="checkbox"/> Vision

<b>ROBOTIC WELD PROGRAMMING</b>		<b>OTHER PROGRAMMING APPLICATIONS</b>	
<input type="checkbox"/> MIG	<input type="checkbox"/> Laser Systems	<input type="checkbox"/> Coating	<input type="checkbox"/> Grinding
<input type="checkbox"/> GTAW	<input type="checkbox"/> I/O setup, mapping & debug	<input type="checkbox"/> Assembly	<input type="checkbox"/> Painting
<input type="checkbox"/> PAW	<input type="checkbox"/> Arc Tool	<input type="checkbox"/> Cutting	<input type="checkbox"/> _____
<input type="checkbox"/> PAC	<input type="checkbox"/> Spot Tool	<input type="checkbox"/> Drilling	<input type="checkbox"/> _____
<input type="checkbox"/> Plasma	<input type="checkbox"/> Thru-Arc Seam Tracking	<input type="checkbox"/> Thermal Spray	
	<input type="checkbox"/> Touch Sense	<input type="checkbox"/> Waterjet	
	<input type="checkbox"/> Vision		

<b>ELECTRICAL</b>	<b>CAD DESIGN</b>	<b>ENGINEERING DESIGN</b>	<b>VISION &amp; TRACKING INTERFACE</b>	
<input type="checkbox"/> Panel Wiring	<input type="checkbox"/> Solid Works	Do you have experience designing robotic cells? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, # of years = _____	<input type="checkbox"/> Vision (V-500)	<input type="checkbox"/> Cognex
<input type="checkbox"/> Schematics	AutoCAD – <input type="checkbox"/> 2D <input type="checkbox"/> 3D		<input type="checkbox"/> Vision (iRVision)	<input type="checkbox"/> Line tracking

**What % of travel is acceptable to you?**

**Valid driver's license and authorization to work in the United States are requirements for this position.**

**REFERENCES** (give the name of three persons not related to you who can discuss your job skills, abilities, background and general character)

Name	Company/Address	Phone	Email

**Please read carefully before signing.**

**KC ROBOTICS, INC** is an equal opportunity employer. **KC ROBOTICS, INC** does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (except where sex is a bonafide occupational qualification), sexual orientation, marital status, physical or mental disability, disabled veterans and veterans of the Vietnam era, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for **KC ROBOTICS, INC** to hire me. If I am hired, I understand that either **KC ROBOTICS, INC** or I can terminate employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of **KC ROBOTICS, INC** has the authority to make any assurance to the contrary.

I attest with my signature below that I have given **KC ROBOTICS, INC** true and complete information on this application. No requested information has been concealed. I authorize **KC ROBOTICS, INC** to contact references provided for employment reference checks. If any information is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

\_\_\_\_\_  
Applicant's Signature (*electronically typing name is same as signing*)

\_\_\_\_\_  
Date

**THIS APPLICATION IS VALID FOR 90 DAYS FROM THE DATE SIGNED ABOVE**