

**APPLICATION FOR EMPLOYMENT**  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

ALL EMPLOYEES WILL BE CONSIDERED FOR EMPLOYMENT WITYOUT REARD TO RACE, RELIGION, COLOR, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, MARITAL STATUS, ETERAN STATUS, MEDICAL CONDITIONS, HANICAPS, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTAION OR OANY OTHER STUATS PROTECTED BY LAW

**PERSONAL**

\_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Do you have a valid driver's license? [ ]Yes [ ]No  
 License Number \_\_\_\_\_

Position applied for: \_\_\_\_\_

Type of employment desired? [ ] Full-time [ ] Part-time [ ] Seasonal  
 Will you work overtime? [ ] Yes [ ] No  
 Are you under the age of 18? [ ] Yes [ ] No

Do you have the legal right to live and work in the Unites State? [ ] Yes [ ] No  
 (You will be required to complete employment eligibility verification form I-9)

Will you be able to perform safely and efficiently all functions of the job(s) for which you are assigned?  
 [ ] Yes [ ] No If no, please explain: \_\_\_\_\_

Employees for certain position swill be required to undergo a physical examination including drug and alcohol testing to ensure that they can safely and effectively perform the job for which they are assigned. Will you take a physical examination or testing if required for pre-employment screening? [ ] Yes [ ] No

Will you comply with the safely, work, attendance and employment policies of our organization? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No

Are you a veteran? [ ] Yes [ ] No Branch of service \_\_\_\_\_ Type of discharge \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
HIGH SCHOOL					
TRADE SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER					

# EMPLOYMENT HISTORY

COMPANY NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR NAME \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ PAY RATE \_\_\_\_\_  
RESPONSIBILITIES \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? [ ] YES [ ] NO

COMPANY NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR NAME \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ PAY RATE \_\_\_\_\_  
RESPONSIBILITIES \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? [ ] YES [ ] NO

COMPANY NAME \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR NAME \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ PAY RATE \_\_\_\_\_  
RESPONSIBILITIES \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? [ ] YES [ ] NO

## REFERENCES

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN & RELATIONSHIP	TELEPHONE #

## ACKNOWLEDGEMENT

1. Any acceptance of employment will be predicted upon the truthfulness of the written and verbal statements contained within this application for employment and pre-employment process. I understand that should the company find that any statement[s] I have made is not truthful, I may be subject to immediate dismissal.
2. I authorize my employer to make any investigation deemed necessary for employment considerations and promotion within the organization.
3. I understand I am not guaranteed employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed and employment will be terminable at will by me or Rite choice Resources, inc. upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by Rite Choice Resource, Inc.
4. I understand that my employer sets any and all terms of my employment including: wages, hours, benefits, or other conditions and I will learn and comply with the safety rules.
5. I acknowledge that I have personally completed this application for employment and that I have read and understand all of the above statements.

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

\_\_\_\_\_  
Date