



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

DATE: ____/____/____

Name Last: _____ First: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: ____-____-____ Drivers License Number: _____ Class: _____

Phone: Home: _____ Work: _____ E-mail Address: _____

Are there any other names under which your employment or educational records, references, and other information in the application may be verified?

If so, list: _____

Position Applied for: _____ Salary Desired: _____ Date Available: ____/____/____

Applying for: Full-Time Part-Time On Shift

Please Answer the Following Questions

If hired can you furnish proof that you are either a U.S. Citizen, or otherwise legally permitted to work in the U.S.? YES NO

Have you ever filled out an application or been employed for this company before? YES NO If so when? _____

Are you 18 years of age or older? YES NO

If under 18, applicant will be required to submit a birth certificate as required by state or federal laws.

Are you currently employed? YES NO May we contact your current employer? YES NO

Are you on lay-off status or subject to recall? YES NO

Can you travel if the job requires it? YES NO

Do you need any special accommodations to perform your job? YES NO

If Yes, please specify: _____

Have you been convicted of a felony within the last seven years? YES NO

If yes, explain _____

(The existence of a criminal record does not disqualify an applicant from employment.)

EDUCATION:

Name, City, and State of High School:

Please circle highest grade completed

8 9 10 11 12 | 1 2 3 4 | 1 2 3 4

Table with 7 columns: Name & Address (City and State of Colleges or Trade Schools), From (Mo./Yr.), To (Mo./Yr.), Academic Majors, GPA, Degree Certificate, Date (Mo./Yr.)

List any special skills or qualifications that you feel may be helpful to us in considering your application:.

Three horizontal lines for listing special skills or qualifications.

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"/>

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"/>

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"/>

References

Please list three professional references (Do not include relatives, personal friends, or previous employers)

Name	Phone Number	Company Name	Relation to Applicant	Length of Time Known:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EEO POLICY:

In compliance with Federal and State laws, Riback Supply Company maintains a policy of non-discrimination for all employees and applicants. We hire, train and promote qualified employees without unlawful discrimination on the basis of race, color, sex, age, religious creed, marital status, citizenship, national origin, physical or mental handicap. This policy also applies to disabled veterans and veterans of the Vietnam Era.

DRUG CONTROL POLICY AND CONSENT TO TESTING:

Riback Supply Company has a vital interest in maintaining safe, healthful, and efficient working conditions for its associates. An associate under the influence of a drug or alcohol on the job may pose serious safety and health risks, not only to the user but to all those who work with or otherwise come in contact with the user. Studies show drug and alcohol use in the workplace may be the single greatest factor responsible for industrial accidents and injuries, declining productivity, employee theft, and low employee morale.

Therefore, Riback Supply Company will require, as one of the steps in the hiring process, that all otherwise qualified applicants for employment with Riback Supply Company consent to and submit to testing for illegal and legal incapacitating drug use.

Refusal to consent to and participate in such drug testing will automatically disqualify the applicant from further hiring consideration. Applicants testing positive for the presence of drugs will automatically be disqualified from further hiring consideration.

I hereby give my consent to Riback Supply Company to administer a drug test consisting of the taking of urine and blood, or any other medically recognized test designed to detect traceable amounts of drugs in the body and I agree to be tested with 48 hours of the time requested to be tested. The medical facility is authorized to release the results of the test to Riback Supply Company who is authorized to communicate the results internally as it deems appropriate.

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICATION:

I certify that answers given herein are true and complete to the best of my knowledge, and understood falsifications or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time Riback Supply Company discovers the omission or falsification.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, credit bureaus, and persons from all liability in responding to inquiries in connection with my application.

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.

In the event of employment, I agree to abide by all rules and regulations of Riback Supply Company.

I hereby authorize Riback Supply Company to periodically run credit bureau reports, request current information from law enforcement agencies, and other to release and furnish whatever information concerning my background, character, and qualifications.

I hereby acknowledge that any employment relationship with Riback Supply Company is of an "at will" nature, which means that the associate may resign at any time and Riback Supply Company may discharge the associate at any time with or without cause. It is further understood that "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of Riback Supply Company.

I certify that I have read, understand and will adhere to the aforementioned statements and that all information in this application is true and complete.

Signature of Applicant: _____ Date: ____/____/____

		For Human Resources Use Only	
Arrange Interview	____ Yes	____ No	Comments _____
If employed, start date: _____		Shift Hours _____	Hourly/Salary _____
Department _____		Position _____	