

# Employment Application



| APPLICANT INFORMATION  |  |    |                               |                   |                             |  |  |                             |  |        |
|--|--|----|-------------------------------|-------------------|-----------------------------|--|--|-----------------------------|--|--------|
| Last Name  |  |    | First                         |                   |                             | M.I.   |  | Date                        |  |        |
| Street Address   |  |    |                               |                   | Apartment/Unit #            |  |  |                             |  |        |
| City   |  |    |                               | State             |                             |  | ZIP Code                                       |                             |  |        |
| Phone  |  |    |                               | E-mail Address    |                             |  |  |                             |  |        |
| Date Available   |  |    | Shifts Available              |                   |                             | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |  | Desired Wage/Salary         |  |        |
| Position Applied for   |  |    |                               |                   |                             |  |  |                             |  |        |
| Are you a citizen of the United States?  |  |    | YES <input type="checkbox"/>  |                   | NO <input type="checkbox"/> |  | If no, are you authorized to work in the U.S.? |                             | YES <input type="checkbox"/> NO <input type="checkbox"/> |        |
| Have you ever worked for this company?   |  |    | YES <input type="checkbox"/>  |                   | NO <input type="checkbox"/> |  | If so, when?                                   |                             |  |        |
| Have you ever been convicted of a felony?  |  |    | YES* <input type="checkbox"/> |                   | NO <input type="checkbox"/> |  | If yes, explain                                |                             |  |        |
| *Answering "Yes" to the above will not automatically disqualify you as a candidate once more information is obtained for an individualized assessment. |  |    |                               |                   |                             |  |  |                             |  |        |
| EDUCATION  |  |    |                               |                   |                             |  |  |                             |  |        |
| High School  |  |    |                               | Address           |                             |  |  |                             |  |        |
| From   |  | To |                               | Did you graduate? |                             | YES <input type="checkbox"/>   |  | NO <input type="checkbox"/> |  | Degree |
| College  |  |    |                               | Address           |                             |  |  |                             |  |        |
| From   |  | To |                               | Did you graduate? |                             | YES <input type="checkbox"/>   |  | NO <input type="checkbox"/> |  | Degree |
| Other  |  |    |                               | Address           |                             |  |  |                             |  |        |
| From   |  | To |                               | Did you graduate? |                             | YES <input type="checkbox"/>   |  | NO <input type="checkbox"/> |  | Degree |
| REFERENCES   |  |    |                               |                   |                             |  |  |                             |  |        |
| <i>Please list three professional references.</i>  |  |    |                               |                   |                             |  |  |                             |  |        |
| Full Name  |  |    |                               |                   | Relationship                |  |  |                             |  |        |
| Company  |  |    |                               |                   | Phone                       |  |  |                             |  |        |
| Address  |  |    |                               |                   |                             |  |  |                             |  |        |
| Full Name  |  |    |                               |                   | Relationship                |  |  |                             |  |        |
| Company  |  |    |                               |                   | Phone                       |  |  |                             |  |        |
| Address  |  |    |                               |                   |                             |  |  |                             |  |        |
| Full Name  |  |    |                               |                   | Relationship                |  |  |                             |  |        |
| Company  |  |    |                               |                   | Phone                       |  |  |                             |  |        |
| Address  |  |    |                               |                   |                             |  |  |                             |  |        |
| MILITARY SERVICE   |  |    |                               |                   |                             |  |  |                             |  |        |
| Branch   |  |    |                               |                   |                             | From   |  |                             |  | To     |
| Rank at Discharge  |  |    |                               |                   |                             | Type of Discharge  |  |                             |  |        |
| If other than honorable, explain   |  |    |                               |                   |                             |  |  |                             |  |        |

**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"/> |                 |                    |                  |

**ACKNOWLEDGMENTS**

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from RAPA's service as a dishonest act whenever it is discovered.

I give RAPA the right to contact and obtain information from all references, employers, education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability RAPA and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

This application is current for 60 days. At the conclusion of this time, if you have not heard from RAPA and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that RAPA reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of RAPA, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer of RAPA.

I understand it is RAPA's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization to work in the United State and participate in pre-employment drug screening.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

By typing my name below, I am electronically signing my application.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|