

RPM & Associates, Inc. Application for Employment

Please mail, fax, or e-mail inquiries to: Attn: Personnel Dept. RPM & Associates, Inc. 333 Concourse Drive Rapid City, SD 57703 Fax: 605-348-7848 E-mail: Personnel@RPMAndAssociates.com	Employment Information On-line www.RPMandAssociates.com/employment Employment Application On-line www.RPMandAssociates.com/apply
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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position applied for _____	Date of Application _____
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Name _____
Last
First
Middle

Address _____
Street
City
State
Zip Code

Telephone () _____ **Social Security Number** _____

E-mail _____

If you are under 18, can you provide required proof of your eligibility to work?..... Yes No

Have you filed an application here before?..... Yes No If yes, give date ____/____/____.

Have you ever been employed here before?..... Yes No If yes, give date ____/____/____.

Are you legally eligible for employment in this country?..... Yes No
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work.....____/____/____

Type of employment desired Full time Part time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall?..... Yes No

Will you travel if job requires it?..... Yes No

Will you work overtime if required?..... Yes No Will you work shifts?..... Yes No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
 (Such conviction may be relevant if job related, but does not bar you from employment)

If YES, please explain _____

Drivers license number (if required by job) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed FROM TO	Summary of work
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ PER	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	
Employer	Telephone () -	Dates Employed FROM TO	Summary of work
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ PER	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	
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Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ PER	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	

Comments (including explanation of gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and, E. major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) and check box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

In case of
Emergency Notify

Name

Address

Phone No.

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

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

Signature of Applicant _____ Date ____/____/____