

# EMPLOYMENT APPLICATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

**THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT** but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 30 days.

PERSONAL INFORMATION					
Name: Last		First		Middle	
Phone Number			Email Address		
<b>Please list below your current address and your two other most recent address:</b>					
Current Street		City, State & Zip		Since (Mo/Yr)	
Street		City, State & Zip		Since (Mo/Yr)	
Street		City, State & Zip		Since (Mo/Yr)	
EDUCATION					
Name of School		City & State	Areas of Study- Degree/Diploma		GPA
EMPLOYMENT INFORMATION					
Position Applied For:		Date you Can Start Work:		Desired Compensation: \$	
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			Can you work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings		
<b>Please answer all of the following questions. When necessary, note question number &amp; use additional paper to provide explanation:</b>					
1.) Are you at least 18 years of age and legally eligible for work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.) Will you work overtime when necessary?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.) Have you received a description of the job or been made aware of the essential functions of the job you are applying for?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.) Do you understand the job requirements?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.) Have you previously signed a non-compete agreement that would be violated by coming to work for RMCN?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.) Are you on layoff and subject to recall?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.) Have you ever been discharged or asked to resign from a job? (if yes, please explain)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.) Have you ever been placed on probation for any reason? (if yes, please explain)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.) Have you ever been convicted of, pled guilty or nolo contendere to, or had deferred adjudication for a felony or other crime? (if yes, please explain)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY**

Starting with your most recent employer, provide the following information.

**If you are currently employed, may we contact your current employer?**  Yes  No

<b>Current Employer</b>				Phone Number	
Street Address		City		State	Zip Code
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor		
Duties			Reason for Leaving		
<b>Most Recent Employer</b>				Phone Number	
Street Address		City		State	Zip Code
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor		
Duties			Reason for Leaving		
<b>Next Most Recent Employer</b>				Phone Number	
Street Address		City		State	Zip Code
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor		
Duties			Reason for Leaving		
<b>Next Most Recent Employer</b>				Phone Number	
Street Address		City		State	Zip Code
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor		
Duties			Reason for Leaving		

Please explain any gaps in your employment, other than those due to personal illness, injury, or disability.

**RMCN Checks Employment References.** In order to provide RMCN Credit Services, Inc. with information and opinions that may be useful in its hiring decisions, I hereby authorize any person, school, current or past employer, organization or entity disclosed in my resume, application, or during my interview to provide any information regarding me including without limitation, information concerning my performance, reputation and character. I acknowledge that the information divulged may be negative or positive with respect to me. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity from any legal liability for furnishing such information and in making such statements.

A Photocopy of this signed release shall have the same force and effect as the original release signed by me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**List the name of three school or personal references if you do not have any employment history.**

REFERENCES			
Name	Relationship	Phone Number	Number of Years known

**JOB-RELATED SKILLS**

Please use this space to list any special skills, training, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check the appropriate boxes. Include software titles and years of experience.)

- Microsoft Word \_\_\_\_\_ Years (please circle – Beginner, Intermediate, Advance)       Typing \_\_\_\_\_ WPM
- Microsoft Excel \_\_\_\_\_ Years (please circle – Beginner, Intermediate, Advance)       10 key \_\_\_\_\_ Strokes
- Microsoft Outlook \_\_\_\_\_ Years (please circle – Beginner, Intermediate, Advance)       Other \_\_\_\_\_

**APPLICANT’S CERTIFICATION AGREEMENT**

- I authorize the investigation by the company of all statements contained in the application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
- I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I agree, if I am offered and accept a position, to conform all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE “AT-WILL”, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, and that my “at-will” status can only be altered by an express written agreement signed by myself and an officer of the Company.
- I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read and reviewed the information provided in this application. I certify that I fully understand and accept all terms of the foregoing Applicant Statement. I certify that I have answered all questions completely and fully.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date