**Employment Application - Short Form**

**An Equal Opportunity Employer**

**Please Print**

**Date Last Name First Name Middle**

**Present Address**

**-**

**No. & Street City State Zip**

**Permanent Address (if different from present address)**

**-**

**No. & Street City State Zip**

**( ) ( ) - -**

**Business Phone Home Phone Social Security Number**

**Employment Desired**

**Position applying for:**

**Personal Information**

**Have you ever applied to or worked for: R & S Supply, Inc. before?........ Yes No**

**If yes, when?**

**Do you have any friends or relatives working for R & s Supply, Inc. ?...Yes No**

**Name Relationship**

**Name Relationship**

**Why are you applying for work at: R & S Supply, Inc. ?**

**Company Name**

**If hired, would you have a reliable means of transportation to and from work?....... Yes No**

**Are you at least 18 years old? (If under 18, hire is subject to verification that you are of**

**minimum legal age.)………………………………………………………………………….. Yes No**

**If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ……………………………………………………………………………….. Yes No**

**Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?.................................................................................. Yes No**

**If no, describe the functions that cannot performed.**

**(Note: We comply with the ADA and consider reasonable accommodation measure that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and ability tests)**

**Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for**

**marijuana-related offenses that are more than two years old need not be listed…………. Yes No**

**(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)**

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**Education, Training and Experience**

**School Name No. of years Did you Degree**

**and Address Completed Graduate? or Diploma**

**High Yes No**

**School Name**

**Address**

**- Yes No**

**City State Zip**

**College/ Yes No**

**University Name**

**Address**

**- Yes No**

**City State Zip**

**Vocational/ Yes No**

**Business Name**

**Address**

**- Yes No**

**City State Zip**

**Health Yes No**

**Care Name**

**Address**

**- Yes No**

**City State Zip**

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**Employment History**

**List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.**

**( )**

**Name of Employer Telephone No.**

**Type of Business Your Supervisor's Name**

**-**

**Address & Street City State Zip**

**Dates of Employment Weekly Pay:**

**From To Starting Ending**

**Your Position and Duties**

**Reason for Leaving**

**May we contact this employer for a reference? ………………………… Yes No**

**( )**

**Name of Employer Telephone No.**

**Type of Business Your Supervisor's Name**

**-**

**Address & Street City State Zip**

**Dates of Employment Weekly Pay:**

**From To Starting Ending**

**Your Position and Duties**

**Reason for Leaving**

**We will contact this employer for a reference.**

**( )**

**Name of Employer Telephone No.**

**Type of Business Your Supervisor's Name**

**-**

**Address & Street City State Zip**

**Dates of Employment Weekly Pay:**

**From To Starting Ending**

**Your Position and Duties**

**Reason for Leaving**

**We will contact this employer for a reference.**

**Note: Attach additional pages(s) if necessary.**

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**References**

**List below three persons not related to you who have knowledge of your work performance within the last three years.**

**( )**

**First Name Last Name Telephone No.**

**-**

**Address & Street City State Zip**

**Occupation No. of Years Acquainted**

**( )**

**First Name Last Name Telephone No.**

**-**

**Address & Street City State Zip**

**Occupation No. of Years Acquainted**

**( )**

**First Name Last Name Telephone No.**

**-**

**Address & Street City State Zip**

**Occupation No. of Years Acquainted**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

**I hereby certify that I have not knowingly withheld any information that might adversely**

**Initials affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.**

**I hereby authorize the company to thoroughly investigate my references, work record,**

**Initials education and other matters related to my suitability for employment and, further, authorize references I have listed to disclose to the company any and all letters, reports and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.**

**I understand that nothing contained in the application, or conveyed during any interview which Initials may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.**

**Date Applicant's Signature**