

EMPLOYMENT APPLICATION



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

Please Print Clearly:

Position(s) Applied For:			Today's Date:		
Last Name		First Name	Middle Name		
Address: <i>Number</i>	<i>Street</i>	<i>City</i>		<i>State</i>	<i>Zip</i>
Phone:			Social Security No.		

Type of employment sought: Full Time Part Time Temporary

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

Are you a citizen of the United States? Yes No

If not, can you provide proof of lawful work status? Yes No

Date you can start: _____

Are you employed now? Yes No

If so, may we contact your current employer? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

If applying for a driver position, do you have a valid driver's license? Yes No

Have you ever filed an application with us before? If so, when? _____

Have you ever been convicted of a crime other than minor traffic offenses? Yes No

If so, give date _____ Court _____

and place where offense occurred: _____

Have you ever been bonded? Yes No Have you ever been refused bond? Yes No

If so, give date _____ and reason _____

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EMPLOYMENT APPLICATION



Have you ever been discharged or requested to resign from a position: Yes No

If so, explain _____

Are you required to make child support payments? Yes No

How much time have you lost from work during the past year? _____

Do you have reliable transportation for work? Yes No

EDUCATION			
Type of school	Name and Address of School	Last Year Completed	Graduate? List Degrees
Elementary		5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Trade		1 2 3 4	
Other (specify)			
Special Training:			

List any heavy equipment (truck, forklift, etc.) or woodworking machinery you have operated: _____

Are you now or have you ever been a member of the U.S. Armed Forces? If so, please complete the following:

Branch	Dates of Service	Highest Rank	Job Description
	From: To:		
List any special training you received in the Armed Forces which may help you perform your job:			

REFERENCES <i>(Do not list relatives or former employers)</i>		
Name:	Phone or other contact information:	Occupation
1.		
2.		
3.		
4.		

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EMPLOYMENT APPLICATION



Previous Work Experience *(Begin with your most recent or present employer)*

Employer	Dates Of Employment		Job Description
Address	From	To	
Phone			
Job Title	Hourly Rate / Salary		
	Starting	Final	Supervisor's Name/Title
Reason For Leaving:			
Employer	Dates Of Employment		Job Description
Address	From	To	
Phone			
Job Title	Hourly Rate / Salary		
	Starting	Final	Supervisor's Name/Title
Reason For Leaving:			
Employer	Dates Of Employment		Job Description
Address	From	To	
Phone			
Job Title	Hourly Rate / Salary		
	Starting	Final	Supervisor's Name/Title
Reason For Leaving:			

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Job Applicants Agreement and Certification

"I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor.

I understand that this organization is an *"at-will"* employer. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. It is further understood that this *"at-will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I agree to submit to a physical examination whenever requested after I have been employed, and I understand that such an examination may include tests for use of illegal drugs. If employed, I agree to abide by all present and subsequently issued personnel policies and rules. I further agree to use and properly maintain any company property issued to me for use in the performance of my job. If for any reason my employment should terminate I will return in good condition (excluding normal wear) any and all company property entrusted to me. If said property cannot be returned in good condition I agree to pay for its replacement."

Signature of Applicant

Date

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APPLICANT AGREEMENT TO SUBMIT TO SUBSTANCE SCREENING

I, _____, understand that Randolph-Bundy, Inc. maintains a Substance Use Policy requiring all employees to report to work with no drugs or alcohol present in their system or in their possession.

I further understand that as a condition of initial employment, the Company shall require me to undergo substance screening by urinalysis, blood testing, breathalyzer or other procedure and I hereby agree to submit to such test. I further consent to the results of any such screening being released to the Company and its management.

I release all legal claims against Randolph-Bundy, Inc., its agents and officers, and any physician or testing facility which takes and analyzes the specimen from any liability for the test, releasing the information to the involved parties, and any employment action resulting from the test.

If employed, I understand that I will be subject to discharge for violation of the company's Substance Use Policy, for refusal to submit to screening to detect the presence of prohibited substances in my system or execute a release/consent at the time of testing.

List all medications you are currently taking:

Name of physician(s) prescribing above listed medications:

Signature of Applicant

Date

Signature of Witness

Date

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