

# RHOADS CO



## OFFICE USE ONLY

<input type="checkbox"/> DL & Social Security	<input type="checkbox"/> Form I-9	Available:	Training:	Employee Name: _____
<input type="checkbox"/> Insurance Forms	<input type="checkbox"/> W-4	Sunday: _____		Employee #: _____
<input type="checkbox"/> Manuals	<input type="checkbox"/> Drug Free Form	Monday: _____		Date Hired: _____
<input type="checkbox"/> Non-Comp	<input type="checkbox"/> Water Intrusion	Tuesday: _____		Referred By: _____
<input type="checkbox"/> Non-Disc	<input type="checkbox"/> Key/Equipment	Wednesday: _____		
<input type="checkbox"/> Background	<input type="checkbox"/> Driver Policy	Thursday: _____		
		Friday: _____		
		Saturday: _____		
Interview: <input type="checkbox"/> In Person <input type="checkbox"/> Phone				Orientation Class
Date/Time: _____				Date/Time: _____

**PLEASE PRINT IN BLACK INK.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". Do Not leave questions blank. Be sure to sign this form when completed. Rhoads Company is an Equal Employment Opportunity Employer. Resumes will not be accepted in lieu of applications. This application becomes public record and is subject to disclosure.

**MINIMUM QUALIFICATIONS:** You Must: have documentation proving you are legally eligible to work in the United States; have a current Drivers License for the state in which you reside; be capable of meeting the physical demands of the job; have a reliable means of transportation.

**Do you meet these minimum qualifications?**  Yes  No

## PERSONAL

LAST NAME <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST NAME	INITIAL	NICK NAME	TODAY'S DATE
PERMANENT ADDRESS		CITY/STATE/ZIP	HOME PHONE	MOBILE PHONE
SOCIAL SECURITY #	VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL ADDRESS	
DL#	STATE	EXP /	IMMIGRATION ID#	NATIONALITY:
RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK FRIDAYS/SATURDAYS AND HOLIDAYS AS NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF FRIEND OR RELATIVES EMPLOYED IN THIS ORGANIZATION *	EVER BEEN EMPLOYED BY A PLUMBING, HEATING, A/C OR RELATED SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	WHAT COMPANY:	DATES EMPLOYED: MONTH/YEAR	TO MONTH/YEAR	
EXCEPT FOR OFFENSES PERTAINING TO MARIJUANA MORE THAN TWO YEARS AGO, HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR, OR ARE YOU OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL FOR SUCH AN OFFENSE? ** <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, STATE LOCATION, DATE AND DESCRIPTION. (AN AFFIRMATIVE RESPONSE OR A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE POSITION FOR WHICH YOU HAVE APPLIED.)				
HAS YOUR DRIVERS LICENSE BEEN REVOKED OR SUSPENDED IN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN? IF YES, PLEASE BRIEFLY EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE ANY KNEE/ ANKLE/ BACK INJURY OR ANY OTHER PHYSICAL DISORDER? IF YES, PLEASE BRIEFLY EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU OR HAVE YOU EVER TAKEN ANY ILLEGAL DRUGS? IF YES, PLEASE BRIEFLY EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO				
IN CASE OF EMERGENCY NOTIFY: NAME	ADDRESS	TELEPHONE		
HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN GIVEN ABOVE? IF YES, PLEASE BRIEFLY EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO				

## EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST	SECOND CHOICE	DATE AVAILABLE	PAY EXPECTED
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> HOLIDAY/TEMPORARY		DAYS YOU ARE <u>UNABLE</u> TO WORK <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT	
HOW WERE YOU REFERRED TO OUR ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SERVICE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER			NAME OF REFERRAL SOURCE:

## EDUCATION/SKILLS/AWARDS

NAME AND ADDRESS OF SCHOOL OR INSTITUTION	MAJOR	DATES ATTENDED	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
HONORS OR AWARDS RECEIVED	PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU TAKING ANY EDUCATIONAL COURSE PRESENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHAT COURSE AND WHERE?				

\* A marital relationship with a current employee will not necessarily disqualify you from the position for which you have applied unless your employment will place you in a position under the direct supervision, directly supervising your spouse, in the same department as your spouse, or a position raising security, morale or conflict-of-interest issues such as payroll, security or human resources.

\*\* A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence was imposed by the court. (You may exclude those convictions which have been judicially sealed, expunged or statutorily eradicated. You may also exclude a misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.)

# RHOADS COMPANY APPLICATION FOR EMPLOYMENT (Continued)

## ADDITIONAL INFORMATION

IN THE SPACE BELOW, PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL WILL ASSIST US IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT, INCLUDING TECHNICAL TRAINING/EDUCATION (INCLUDING SKILLS ACQUIRED IN ANY MILITARY SERVICE), COMMUNITY AFFILIATIONS, PROFESSIONAL REGISTRATIONS, MEMBERSHIPS AND SCHOLASTIC AWARDS, HONORS OR SPECIAL SKILLS. (YOU MAY EXCLUDE AFFILIATIONS THAT MAY INDICATE RACE, COLOR, ANCESTRY, SEX, SEXUAL ORIENTATION, DISABILITY, RELIGION, AGE, NATIONAL ORIGIN OR ANY OTHER PROTECTED CLASSIFICATION.)

## REFERENCES

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	OCCUPATION	YEARS KNOWN

## EMPLOYMENT HISTORY

GIVE EMPLOYEE RECORD, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART-TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION. A RESUME MAY BE USED TO SUPPLEMENT (BUT NOT REPLACE) THIS INFORMATION.

COMPANY NAME (CURRENT OR LAST)	TELEPHONE	JOB TITLE	DATES EMPLOYED (MONTH/YEAR) FROM:                      TO:
ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MO.) START:                      END:
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES			

COMPANY NAME (CURRENT OR LAST)	TELEPHONE	JOB TITLE	DATES EMPLOYED (MONTH/YEAR) FROM:                      TO:
ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MO.) START:                      END:
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES			

COMPANY NAME (CURRENT OR LAST)	TELEPHONE	JOB TITLE	DATES EMPLOYED (MONTH/YEAR) FROM:                      TO:
ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MO.) START:                      END:
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES			

## ACKNOWLEDGEMENT

1. I understand that any offer of employment regarding certain job positions may be conditioned on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the Company condition my offer of employment upon successful completion of such an examination or screening.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that Company may check with the State Department of Safety, Law Enforcement Agencies or other organizations, for any criminal history in accordance with applicable statutes.
4. I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in termination.
5. I authorize the Company to contact my former employers, references, and any and all other person and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have.
6. I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT, HAVING NO SPECIFIC TERM, IS BASED UPON MUTUAL CONSENT AND MAY BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE OR NOTICE, BY EITHER PARTY (THE COMPANY OR ME). I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT, WHICH INCLUDES THE COMPANY'S RIGHT TO DEMOTE OR OTHERWISE DISCIPLINE WITH OR WITHOUT CAUSE OR NOTICE, MAY BE CHANGED, MODIFIED, AMENDED OR RESCINDED EXCEPT BY AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.
7. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to the Company, or its products, customers, employees, plans or procedures. I agree to deliver to the Company property, upon termination of the employment relationship or at any time upon the Company's request. I also agree not to solicit clients or employees of the Organization either during my employment or after my employment termination.
8. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supercede and replace any prior understandings or discussions I have had with the Company and set forth the complete agreement between me and the Company regarding these matters.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**AN EQUAL OPPORTUNITY EMPLOYER**

©These materials are copyrighted and sole property of Rhoads Company.