

# RPM Industries LLC Application for Employment

RPM Industries LLC is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin, sex, age, physical or mental disability, veteran or military status, genetic information, marital status, or any other legally recognized protected basis under federal, state or local laws.

Position Sought: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Availability: \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_

Do you smoke?  Yes  No

RPM Industries has a nicotine-free hiring policy.

## EDUCATION

School Name	Address	Phone Number	Year Graduated	Degree	Major
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Other Training, Internship, Certifications, or Licenses held: \_\_\_\_\_

\_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT: Most recent first.

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ May we contact this Employer  Yes  No

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ May we contact this Employer  Yes  No

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ May we contact this Employer  Yes  No

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you an U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  Yes  No  
Have you ever been convicted of a felony?  Yes  No If yes, please describe circumstances: \_\_\_\_\_

Have you ever filed a lawsuit against your employer? YES  NO

Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No  
If yes, please describe circumstances: \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening, background check?  Yes  No

#### ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_