RRM FOUNDATIONS

SCREENER_____
DRUG TEST: Yes____ No____
HIRE: Yes ____ No____

APPLICATION FOR EMPLOYMENT

PERSONAL INFO

Last Name First Middle	Today's Date
Street Address	Home Phone: ( )
City State Zip	Business Phone: ( )
Have you ever been employed by our organization? YES NO If yes, Month and Year: Department:	Social Security No.
Position Desired	Pay Expected
Full-Time Part-Time Seasonal Temporary Days and Hours available for work:	Will you work overtime if asked? YES NO
Are you legally eligible for employment in the United States?	When will you be available to begin work?
How did you learn of our organization/position?	

Please start with your present or most recent employer and give a complete and accurate record of all employment; all information will be verified. Attach a separate piece of paper if necessary.

EMPLOYMENT

Company Name	Telephone: ( )
Address	Employed (Month & Year) From: To:
Name of Supervisor	Pay: (Week/Month/Annual) Start: Leave:
Job Title	Reasons for Leaving
Describe Job Duties	

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Address	Employed (Month & Year) From: To:
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Name of Supervisor	Pay: (Week/Month/Annual) Start: Leave:
Job Title	Reasons for Leaving
Describe Job Duties	

May we contact the employers you have listed? YES NO
If no, which employer(s) and why:

EDUCATION

Note the last year completed

Elementary 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

DEGREES EARNED	Month	Year

Describe other education, training, special skills or languages:

List the colleges and universities you have attended, including the month and years attended:

COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE U.S. ARMED FORCES

MILITARY

Describe your duties and any special training:

Branch of Service:

Period of Active Duty (Month & Year)

From: To:

Rank at Discharge:

Date of Final Discharge:

GENERAL

Have your ever been bonded?

YES NO

If yes, with which employers?

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court?

YES NO

If yes, describe in full:

List the names of relatives or friends working for this organization:

SIGNATURE

I affirm that the information provided on this application is true, correct and complete. I understand that any misstatement or omission of any facts may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I acknowledge that any offer of employment is conditional upon successful completion of a screening test, which includes drug testing.

I authorize the organization to investigate my credit and personal history. If a consumer-reporting agency is used, I may request the name and address of the agency so I may obtain information on the nature and substance of the information contained in the report.

SIGNATURE **DATE**