

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)

Education, Training and Experience

| School | Name and Address | No. of years Completed | Did you Graduate? | Degree or Diploma |
|-------------------------|----------------------------------|------------------------|--|-------------------|
| High School | Name _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ State _____ Zip _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| College/ University | Name _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ State _____ Zip _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Vocational/ Business | Name _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ State _____ Zip _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Health Care | Name _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ State _____ Zip _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

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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.

| | | | |
|--|--|--|---------------------------------------|
| <hr/> Name of Employer | | (____) | <hr/> Telephone No. |
| <hr/> Type of Business | | | <hr/> Your Supervisor's Name |
| <hr/> Address & Street | | <hr/> City | <hr/> State - <hr/> Zip |
| Dates of Employment <hr/> From <hr/> To | | Weekly Pay: <hr/> Starting | <hr/> Ending |

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

| | | | |
|--|--|--|---------------------------------------|
| <hr/> Name of Employer | | (____) | <hr/> Telephone No. |
| <hr/> Type of Business | | | <hr/> Your Supervisor's Name |
| <hr/> Address & Street | | <hr/> City | <hr/> State - <hr/> Zip |
| Dates of Employment <hr/> From <hr/> To | | Weekly Pay: <hr/> Starting | <hr/> Ending |

Your Position and Duties

Reason for Leaving

We will contact this employer for a reference.

| | | | |
|--|--|--|---------------------------------------|
| <hr/> Name of Employer | | (____) | <hr/> Telephone No. |
| <hr/> Type of Business | | | <hr/> Your Supervisor's Name |
| <hr/> Address & Street | | <hr/> City | <hr/> State - <hr/> Zip |
| Dates of Employment <hr/> From <hr/> To | | Weekly Pay: <hr/> Starting | <hr/> Ending |

Your Position and Duties

Reason for Leaving

We will contact this employer for a reference.

Note: Attach additional pages(s) if necessary.

References

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

| | | |
|-----------------------------------|--------------------------------------|--------------------------------|
| <hr/> First Name | <hr/> Last Name | <hr/> () Telephone No. |
| <hr/> Address & Street | <hr/> City | <hr/> State Zip |
| <hr/> Occupation | <hr/> No. of Years Acquainted | |
| <hr/> First Name | <hr/> Last Name | <hr/> () Telephone No. |
| <hr/> Address & Street | <hr/> City | <hr/> State Zip |
| <hr/> Occupation | <hr/> No. of Years Acquainted | |
| <hr/> First Name | <hr/> Last Name | <hr/> () Telephone No. |
| <hr/> Address & Street | <hr/> City | <hr/> State Zip |
| <hr/> Occupation | <hr/> 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