



An Equal Opportunity Employer

## EMPLOYMENT APPLICATION

*This application is valid for 90 days. If you wish to be considered for employment after this 90-day period, a new application must be completed.*

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### PERSONAL INFORMATION

Date: \_\_\_\_\_ 20\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email (optional): \_\_\_\_\_

In order to permit a check of your work and education records, are there any other names that you have previously used?

Yes  No If yes, identify names and relevant dates: \_\_\_\_\_

Please list all previous places of residence (if different than current residence) for the past three years: (use a separate sheet if more than three)

1. \_\_\_\_\_ How long? \_\_\_\_\_

2. \_\_\_\_\_ How long? \_\_\_\_\_

3. \_\_\_\_\_ How long? \_\_\_\_\_

### GENERAL EMPLOYMENT QUESTIONS

How did you learn about us?  Advertisement  Web Page  Employment Agency  
 Relative  Friend  Walk-in  
 Employee of Ritron (name) \_\_\_\_\_  Other \_\_\_\_\_

Position Applied for: \_\_\_\_\_ When can you start? \_\_\_\_\_

Type of Employment desired:  Full-Time  Part-Time  Temporary

Are you employed now?  Yes  No  
If yes, may we contact your present employer?  Yes  No  
If no, may we contact your *previous* employer?  Yes  No  
If no, please provide reason: \_\_\_\_\_

Have you ever worked for a Company engaged in a business similar to ours?  Yes  No  
If yes, name of company? \_\_\_\_\_

Have you ever applied or worked for Ritron, Inc. before, as an employee or a contractor?  Yes  No  
If yes, when did you work for Ritron? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?  Yes  No  
If "yes" please explain, and also note that proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall?  Yes  No If "yes," please explain: \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

Proof of Insurance: \_\_\_\_\_ : \_\_\_\_\_  
(If driving is essential function of the job you are seeking, name of insurance company and policy number)

Drivers License number: \_\_\_\_\_  
(If driving is essential function of the job you are seeking)

Are you 16 years or older?  Yes  No If you are under the age of 18, can you furnish a work permit if required?  Yes  No

Have you ever been convicted of any crime in any state? Note: You should include any arrest that led to service in a diversion, community service, or similar program, even though no conviction is recorded on your record. A prior conviction does not constitute an automatic bar to employment – the type of conviction and when it occurred will be considered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have a policy of assuring that the work environment is free from harassment and discrimination. Have you ever been accused of sexual or other harassment or employment discrimination?  Yes  No If "Yes", please explain:

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you be able to perform all the functions and all necessary job assignments of the particular job for which you are applying?  Yes  No If "No" please explain: \_\_\_\_\_

<b>EDUCATION</b>	<b>Name and Location of School</b>	<b>Number of Years Attended</b>	<b>Did You Graduate? Y or N</b>	<b>Subjects Studied - Degrees</b>
Elementary				
High School				
College				
Graduate/Professional				

Trade, Business or Other: \_\_\_\_\_

Subjects of special study or work: \_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS**

Please give an accurate, complete, full-time and part-time employment record. Include any job-related military service assignments and volunteer activities. Start with your current employer (or most recent employer if not currently employed) and account for all periods of unemployment. Use a separate sheet if necessary.

1	Employer Name	DATES		WORK PERFORMED
	Address/Phone	FROM	TO	
	Position			
	Supervisor	WAGES/SALARY		
	Reason for leaving	STARTING	FINAL	
	Voluntary or Involuntary Termination?			
2	Employer Name	DATES		WORK PERFORMED
	Address/Phone	FROM	TO	
	Position			
	Supervisor	WAGES/SALARY		
	Reason for leaving	STARTING	FINAL	
	Voluntary or Involuntary Termination?			
3	Employer Name	DATES		WORK PERFORMED
	Address/Phone	FROM	TO	
	Position			
	Supervisor	WAGES/SALARY		
	Reason for leaving	STARTING	FINAL	
	Voluntary or Involuntary Termination?			
4	Employer Name	DATES		WORK PERFORMED
	Address/Phone	FROM	TO	
	Position			
	Supervisor	WAGES/SALARY		
	Reason for leaving	STARTING	FINAL	
	Voluntary or Involuntary Termination?			

**QUALIFICATIONS FOR EMPLOYMENT**

Except for vacation and holidays, how many work days were you absent during the past calendar year?

\_\_\_ 0-5 days \_\_\_ 6-10 days \_\_\_ 11-15 days \_\_\_ 16-20 days \_\_\_ 21+ days

Which of your previous jobs did you like best? \_\_\_\_\_ What did you like most about that job? \_\_\_\_\_

What do you think is your greatest qualifications? \_\_\_\_\_

List any job related awards: \_\_\_\_\_

Describe any specialized training, apprenticeship, and skills. State where it was received and describe any job-related extra-curricular activities: \_\_\_\_\_

Do you have any hobbies that might be relevant to this job? \_\_\_\_\_

List any professional, trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, disability or any other protected status): \_\_\_\_\_

**PERSONAL REFERENCES**

(Give the names of three persons or co-workers, not related to you, whom you have known or worked with for at least one year.)

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Years Acquainted</u>	<u>Area Code/ Phone Number</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**MILITARY SERVICE**

Have you served in the Military?  Yes  No Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

If "Yes", did you serve during a conflict or war?  Yes  No If "Yes", please list: \_\_\_\_\_

Are you a present member in the National Guard or Reserves?  Yes  No

**OTHER**

In case of Emergency Notify:

\_\_\_\_\_  
(Name) (Address) (Phone)

**CERTIFICATION**

I hereby authorize the release of any employment data relevant to my employment with Ritron, Inc. (Company) for the purpose of an employment investigation. I authorize a thorough investigation of my past employment, activities, and background and agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. This investigation may also include a determination regarding whether I have a criminal record.

I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination.

I fully understand that if employed, any misrepresentation or omission on this Application, my resume, or any other Company record will result in dismissal, regardless of the date of discovery. I acknowledge that employment is also subject to a satisfactory review of my references.

Neither this Application nor any statement made to me during the hiring process or thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it will be separately entered into and signed by the President of the Company. Absent such a contract, I understand that, if hired, my employment will be terminable-at-will, with or without cause or notice, that I am not being employed for any specific or definite period of time, and that this application is not and is not intended to be a contract, offer, statement or confirmation of or for continued employment. I understand that any employee handbook or manual does not represent an employment contract if I am hired. The Company may alter, modify, amend, or terminate any of its policies and benefits, both as to active and retired employees.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Interviewed By: \_\_\_\_\_ Interview Date: \_\_\_\_\_  
\_\_\_\_\_

Position Applied for: \_\_\_\_\_

Tests: _____	Score: _____	Ranking: _____
_____	_____	(from all _____
_____	_____	apps) _____
_____	_____	_____
_____	_____	_____

Background check:  Attached

Interview Date: \_\_\_\_\_  Notes Attached

Interview Date: \_\_\_\_\_  Notes Attached

Interview Date: \_\_\_\_\_  Notes Attached

Starting Wage : \_\_\_\_\_  Hourly  Annually

Type of employment:  Temporary  Permanent

Start Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Days: \_\_\_\_\_

Qualification/ Reason for recommendation to hire:

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Comments:

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Recommending for Hire:

Hiring Manager \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Corporate Officer or President

\*\* This must be approved by Corporate Officer or President prior to commencement of work.\*\*