

EMPLOYMENT APPLICATION

All questions must be answered in full for application to be valid. Write N/A or none where appropriate.

Name					Date	
(Print)	Last	First		Middle		
Present Address	Street and Number	City	State	Zip	How long have you lived there?	· -
Mailing	Street and Pulliber	City	State	Zip		
Address	Street and Number	City	State	Zip	Telephone Num	ber
Email Addres			Desired p	position		
If employed,	can you submit verifi	cation of your legal ri	ight to work i	n the U.S.?	Yes No	
If hired, can y	ou provide proof you	are 18 years of age of	or older?	Yes No		
	er been convicted or p a crime or violation of					ation, pre-trial diversion or
If Yes, dates/e	explain:					
(Note: Answe	ering yes will not nece	essarily disqualify an	applicant from	m consideration	on for employment.)	
•	er been terminated or a	•	• •			
	te any actual experienting:		-	•	-	relevant to the position for which
Please list the	• •	nt or previous employ	yers in chrono	•	-	nployer listed first. Be sure to yed, give firm name and supply
	rences. (Add additiona	al page if necessary)	· · · · · J I ·	•		, and general transfer of
		<u>EMPLOYED</u>	<u>PAY</u>	You	ır Title or Position	Exact Reason for Leaving
Present or Las	st Employer	From (mo/yr)	Start \$		ne and Title of Last	
Address		110111 (1110/1/11)	Start \$		ervisor	
City, State, Zi	p Code	To (mo/yr)	Final \$			
Telephone						

RECORD OF PREVIOUS EMPLOYMENT CONTINUED

	<u>EMPLOYED</u>	<u>PAY</u>	Your Title or Position	Exact Reason for Leaving
Previous Employer	From (mo/yr)	Start \$	Name and Title of Last	
Address	Prom (mo/yr)	Start \$	Supervisor Last	
City, State, Zip Code	To (mo/yr)	Final \$		
Telephone				
	EMPLOYED	PAY	Your Title or Position	Exact Reason for Leaving
Previous Employer		<u> </u>	N 175'1 61	
Address	From (mo/yr)	Start \$	Name and Title of Last Supervisor	
City, State, Zip Code	To (mo/yr)	Final \$		
Telephone				
	EMPLOYED	PAY	Your Title or Position	Exact Reason for Leaving
Previous Employer				
Address	From (mo/yr)	Start \$	Name and Title of Last Supervisor	
City, State, Zip Code	To (mo/yr)	Final \$		
Telephone				

EDUCATION

EDUCATION				
SCHOOL NAME	YEARS COMPLETED (Circle)	DIPLOMA / DEGREE	DESCRIBE COURSE OF STUDY OR MAJOR	DESCRIBE SPECIALIZED TRAINING, EXPERIENCE, SKILLS AND EXTRA- CURRICULAR ACTITIVIES
Elementary:	4 5 6 78			
High School:	9 10 11 12			
College / University:	1 2 3 4			
Graduate / Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

I certify that the information on this application is true and correct and authorize RGVP to verify such information. I understand that my mistatement, false statement, omissión or incomplete response on this application or at anytime during the selection process, including interviews, tests, etc., may be considered as sufficient reason for rejection of my application or for dismissal if discovered after my employment. I authorize any of the persons or organizations referenced in this application to give RGVP any and all information concerning my previous employment, education, or criminal background at anytime during my tenure of employment or any other information with regard to the subjects covered by this application, and I release all such parties from all liability from any damages or claims that may result for furnishing such information to RGVP.

anytime, at the option of the company or myself.				
Applicant's Signature	Date			

I understand that RGVP is an at-will employer and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at