

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the RLM General Contractors.

pplicant name:				Date:		
Position(s) applied for or type of wor	k desired:					
Address:						
Phone #: Alternate Phone #:						
Email address:						
Type of employment desired:	full-time		part-t	ime		temporary
Date you will be available to start wo	ork:					
Are you able to meet the attendance requirements?					Yes	No
Do you have any objection to working overtime if necessary? Yes				Yes	No	
Can you travel if required by this position? Yes					Yes	No
Have you ever been previously employed by our organization? Yes						No
Can you submit proof of legal employment authorization and identity? Yes					Yes	No
If you are under 18, can you furnish a work permit if it is required? Yes				No		
Do you have a valid driver license?					Yes	No
If yes, please indicate the license class	sification:					
Individual Driver License:	🗌 Class A	🗆 Cla	ass B	🗆 Clas	s C	\Box Class M
Commercial Driver License:	🗌 Class A-C	DL	🗆 Cla	ss B-CDL		Class C-CDL
Have you ever been convicted of a crime in the last 7 years?Yes					No	
If yes, please explain (a conviction wi	Il not automatica	ally bar e	mployme	ent):		
How were you referred to us?						

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer:	Position held:		
Address:		_Telephone #:	
Immediate supervisor and title:			
Dates employed: from	_to	_Salary:	
Job summary:			
Reason for leaving:			

Employer:		Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job summary:		
Employment History continued		
Employer:		Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job summary:		
Employer:		Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job summary:		
Other Skills and Qualifications		
Summarize any job-related training	, skills, licenses,	certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:
High school:
College:
Technical Training:
Other:

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: Date: