



**2 Rivers Industries, Inc.**

659 Clinic Road

Hannibal, MO 63401

Office: 573-221-3211 \* Fax: 573-221-1321

Date Received: \_\_\_\_\_

<b>Personal Information</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
<b>Title of Position Applying For</b>			<b>Date Available to Work</b>
Have you been previously interviewed or employed by the 2 Rivers Industries, Inc. ? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the 2 Rivers Industries, Inc. ? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

<b>Education</b>					
<b>Name and Location</b>		<b># Years Completed</b>	<b>Major Area of Study</b>	<b>Degree/Diploma</b>	
High School					
College					
Graduate School					
Technical or Certificate Programs					

**Employment History** Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for Public Works Position, Please indicate whether you hold the following valid drivers licenses:

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

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

\_\_\_\_\_  
Date