

1009 Emery St. Kokomo, IN. 46902 - Ph. 765-868-7010

# **APPLICATION FOR EMPLOYMENT**

**Notice to Applicants:** We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship,age, physical or mental disability or any other characteristic protected by state or federal law.

Date:

/

Date of Birth

| / /

**Personal Information:** 

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Name:	(Last)	(First)	(Middle)
Address:	(Apt/Street)		
	(City)	(State)	Zip)
Phone:	( ) –	SS #:	-
Why are	you applying for work at RIS?	?	
Prior po	u ever worked with us before? sition(s) held: s(s) for Leaving:		
-	nave any friends or relatives we hame(s) and relationship:	-	

**Employment History:** 

Please list from p	resent to past.
Current Employer:	
Address:	
Telephone:	Number of years:
Position(s) held:	
Reason for Leaving:	
May we contact your current employer?	Yes No
Previous Employer:	
Address:	
Telephone:	Number of years:
Position(s) held:	
Reason for Leaving:	
Previous Employer:	
Address:	
Telephone:	Number of years:
Position(s) held:	
Reason for Leaving:	
Previous Employer:	
Address:	
Telephone:	Number of years:
Position(s) held:	
Reason for Leaving:	

### Education:

Please list from present to past.					
School/Institution	Major or Area of Specialization	Degree or No. of Years Attended			
Do you speak, write or understand any   If yes, which language(s)?	y foreign languages? Υ	es No			
Do you have any other experience, tra make you especially suited for work a		vhich you feel			

### **References:**

Name		Occupation		
Telephone	Relationship		# of Years Acquainted	
Name		Occupation		
Telephone	Relationship		# of Years Acquainted	
Name		Occupation		
Telephone	Relationship		# of Years Acquainted	

## Legal Information:

U.S. citize	enship or proc	nt evidence of of of your legal in this count	right	Yes		No
-	of the job	form the esse for which you		Yes		No
lf no, descr	pe the functions v	vhich cannot be per	formed.			
Passing d I		on , and taking skill		:oto.j		
felony or a	erious misde	victed of a crim meanor)? (Conv are more than two	victions for		Yes	<b>N</b>
		(s), when and where	e convicted a	nd disposition o	f the case.	
ot be listed.)	ature of the crime					

#### Acknowledgement:

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the information contained in this application is 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, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, 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 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.

Attachments:

Applicant's Signature

Date