All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees.

Position(s) applied for			Da	Date of application					
Print full name									
St	Street address			У	State	ZIP			
М	ain phone number	Alt. phone num	nber Em	nail					
G 6	General Information 1. Have you ever worked for this company before? □ Yes □ No								
	If yes, please provide dates and reason for departure:								
2.	Do you have friends and/or relatives working for this company? ☐ Yes ☐ No If yes, name(s) and relationship(s):								
3.	B. Date are you available to begin work?								
4.									
	Days/hours available to work:								
	nday Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Seel	king □ Full time □ Part time □ Ten	nporary							
5.	5. If hired, would you have a reliable means of transportation to and from work? \Box Yes \Box No								
6.	6. Can you travel if the position requires it? ☐ Yes ☐ No								
7.	. Are you currently employed? □ Yes □ No								
	If yes, may we contact your current employer? □ Yes □ No								
8.	. Are you at least 18 years old? □ Yes □ No								
	Note: If under 18, hire is subjec	t to verification that yo	u are of minimum le	gal age; required pro	of of eligibility	to work.			
9.	. If hired, can you present evidence of your identity and legal right to work?								
	□ Yes □ No								
APPI	ICATION FOR EMPLOYMENT					2021			

Because laws are constantly changing, we do not represent or warranty that the content is comprehensive of all applicable laws and regulations, and/or accurate as of the date of use.

Employment Experience

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give the firm name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor	May we contact?	
		□ Yes □ No	
Street address			
Phone number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		
Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
Phone Number	Dates employed (month/year)		
1 110110 110111001	1 7 (7 7		
	From	То	
Job title and duties		То	
	From	То	
	From	To May we contact?	
Job title and duties	From Reason for leaving		
Job title and duties	From Reason for leaving	May we contact?	
Job title and duties Name of employer	From Reason for leaving	May we contact?	
Job title and duties Name of employer	From Reason for leaving	May we contact?	
Job title and duties Name of employer Street Address	From Reason for leaving Supervisor	May we contact?	
Job title and duties Name of employer Street Address	From Reason for leaving Supervisor Dates employed (month/year)	May we contact? □ Yes □ No	
Job title and duties Name of employer Street Address	From Reason for leaving Supervisor Dates employed (month/year)	May we contact? □ Yes □ No	
Name of employer Street Address Phone Number	From Reason for leaving Supervisor Dates employed (month/year) From	May we contact? □ Yes □ No	

APPLICATION FOR EMPLOYMENT | 2021

Have you ever	been involuntarily t	erminated or a	asked to resign fro	m an	y job?
□Yes□No	If yes, please explain	ı.			
					other experience, specialized valuating your qualifications fo
Rusiness a	and Professiona	al Referen	CAS		
	essional references of			you.	
Name and title			Relationship or Years acquainted	Ph	one number or email
Education					
	ur educational background	in the table provide	ed below.		
	Name	Diploma/ degree (Yes/No)	Area of study/ major		Specialized training, skills, or extracurricular activities
High school					
College/ university					
Graduate/					
professional school					

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.
Consent to Conduct Background Check As a condition of and in consideration of employment, I give permission to [RIGGINS-MORELAND ENGINEERING INC] to check my personal and employment history. I understand that a background check will include verification of all information on my employment application and interviews with past employers. Further, I give permission to [RIGGINS-MORELAND ENGINEERING INC] to conduct this check and to discuss results in connection with my employment application.
Consent to Contact Past Employers I understand that [RIGGINS-MORELAND ENGINEERING INC] may request to contact any or all past employers listed on my application. Further, per my signature on the employment application, I give permission to my current or past employers to discuss my relevant employment history with the company, verbally or in writing.
No Promise of Employment I understand that neither the completion of this application nor any other part of my consideration for employment gives any obligation for [RIGGINS-MORELAND ENGINEERING INC] to hire me.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.
Falsification Statement I attest with my signature below that I have given to [RIGGINS-MORELAND ENGINEERING INC] true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.
My signature attests to the fact that I have read, understand, and agree to all the above
terms.
Signature:
Name (print):
Date:

APPLICATION FOR EMPLOYMENT | 2021

FOR PERSONNEL DEPARTMENT ONLY				
SOCIAL SECURITY NUMBER				
DATE OF HIRE/START DATE				
HOURLY RATE				
DEPARTMENT/JOB TITLE				
BY:	DATE			
NAME & TITLE				
POSITION APPLIED FOR IS OPEN ☐ YES ☐ NO				
POSITION CONSIDERED FOR:				

APPLICATION FOR EMPLOYMENT | 2021