



DATE: _____

FULL NAME

Last _____ First _____ Middle _____ Social Security # _____

Permanent Address: _____ Date of Birth: _____

Phone Number Daytime _____ Evening _____ Cell Phone _____

Other names you are known by _____. Are you younger than 18 years of age? Yes ____ No ____

US APPLICANTS ONLY

Are you legally eligible for employment in the US? Yes ____ No ____

Have you been convicted of a felony in the last 7 years?

Yes ____ No ____

Please explain: _____

EMPLOYMENT DESIRED

Position:

Are you available to work? Full Time: _____ Part Time: _____ OT: _____ Day: _____ Nights: _____

Date available to start: _____ How did you hear about us? _____

Have you ever worked here before: Yes ____ No ____ If yes, when? _____

Do you have any relatives or friends employed by us? Yes ____ No ____ If yes, who? _____

EMERGENCY CONTACT

In case of an emergency, who should we notify:

Name	Address	Phone number
_____	_____	_____
_____	_____	_____

EDUCATION

	Name/Address of School	Circle Years Completed	Did you graduate	Subjects studied and Degrees Received
High School	_____	1 2 3 4	Y N	_____
	_____	1 2 3 4	Y N	_____
College	_____	1 2 3 4	Y N	_____
	_____	1 2 3 4	Y N	_____
Post College	_____	1 2 3 4	Y N	_____
	_____	1 2 3 4	Y N	_____

List skills relevant to the position you are applying for: _____

SKILLS: (For Administration position only) Typing WPM: _____

Computer proficiency: _____ Word for Windows: _____ Excel: _____ Other _____

EMPLOYMENT APPLICATION
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FORMER EMPLOYERS

Dates	Employer	Salary or Hourly	Position
To: _____ From: _____			
	Reason for leaving: _____		
	Duties performed: _____		
Supervisor's Name	_____	Phone Number	May we contact this person?

Dates	Employer	Salary or Hourly	Position
To: _____ From: _____			
	Reason for leaving: _____		
	Duties performed: _____		
Supervisor's Name	_____	Phone Number	May we contact this person?

Dates	Employer	Salary or Hourly	Position
To: _____ From: _____			
	Reason for leaving: _____		
	Duties performed: _____		
Supervisor's Name	_____	Phone Number	May we contact this person?

REFERENCES

(Give 3 names of professional references who you have known for at least one year)

Name	Address & Phone #	Business	Years Acquainted
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

I hereby authorize Rilo Associates, Inc., dba Rilo Plumbing to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contracted by Rilo Associates, Inc., dba Rilo Plumbing to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling this form does not indicate there is a position open and does not obligate Rilo Associates, Inc., dba Rilo Plumbing to hire me **(US Applicants ONLY: I understand and agree that my employment is at will, which means that it is for no specific period and may be terminated by me or Rilo Associates, Inc., dba Rilo Plumbing at any time without prior notice for any reason).**

Date: _____

Signature: _____