

ROCK SOLID

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL		
PLEASE PRINT USING BALLPOINT PEN		
NAME FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS STREET	HOW LONG	HOME PHONE #
CITY STATE ZIP		CELL PHONE #
PREVIOUS ADDRESS STREET	HOW LONG	WORK PHONE #
CITY STATE ZIP		PAGER #
MAILING ADDRESS IF DIFFERENT		
E-MAIL ADDRESS		
ARE ANY RELATIVES OR FRIENDS PRESENTLY EMPLOYED WITH THE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE OR FRIEND:		
HAVE YOU EVER WORKED FOR THE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.		
HAVE YOU EVER APPLIED FOR A JOB WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.		
HOW WERE YOU REFERRED:		

GENERAL INFORMATION		
IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN BONDED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:		
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:		

PLEASE CHECK SCHEDULE AVAILABILITY: <input type="checkbox"/> I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days. <input type="checkbox"/> I am available and desire to work PART-TIME <input type="checkbox"/> I am only available for PART-TIME because: <input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain) _____
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EMPLOYMENT HISTORY NEED 10 YEAR WORK HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.	HR. WAGE			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES		
ADDRESS		TO		ENDING			
CITY, STATE, ZIP		MO.	YR.	HR. WAGE		NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.				\$			
		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2	EMPLOYER	FROM		STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.	HR. WAGE			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES		
ADDRESS		TO		ENDING			
CITY, STATE, ZIP		MO.	YR.	HR. WAGE		NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.				\$			
		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3	EMPLOYER	FROM		STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.	HR. WAGE			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES		
ADDRESS		TO		ENDING			
CITY, STATE, ZIP		MO.	YR.	HR. WAGE		NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.				\$			
		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER					
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS. TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [] YES [] NO
If Yes, please explain:

EMERGENCY CONTACT NOTIFICATION

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

NOTIFICATIONS AND AGREEMENTS

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I further voluntarily authorize **ROCK SOLID** to deduct from my paycheck any and all fees associated with this investigation. Information collected by *ROCK SOLID* maybe released to our contracted customers. As required for employment pre employment and for employees maybe subject to drug testing.

All employees are required to sign a Non-Compete Agreement as a condition of employment with **ROCK SOLID**. The employee must agree that during and for a period of twenty-four (24) months following the termination of this agreement based on employment with **ROCK SOLID**, he/she shall not, directly or indirectly, compete with the Employer **ROCK SOLID** in any county of the state in which he/she performed services for and on behalf of **ROCK SOLID**. The employee also specifically agrees that for twenty-four (24) months following the termination of this agreement based on employment, he/she shall not call-on or otherwise solicit the current and prospective customers of the Employer **ROCK SOLID**."

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE: _____

Interviewer _____ Hire Date _____ Assignment _____

Pay Rate _____ Start Date _____ Not Hired? _____