



Excellence through Ownership

# Application for Employment

## Equal Employment Policy

We welcome you as an applicant for employment with RJN Group, Inc. Your application will be reviewed without regard to race, color, religion, sex, age, national origin, or handicap. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by RJN Group, Inc. Please furnish us with complete information as outlined in this application. Falsifying information may be grounds for disqualification or dismissal. Please print in ink. If you have any questions, please let us know.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_ Pay Expected \_\_\_\_\_

Referral Source  Newspaper (Please indicate which one) \_\_\_\_\_  
 Employee \_\_\_\_\_  Other \_\_\_\_\_

Name \_\_\_\_\_  
*last first middle*

Have you ever been known by any other name?  Yes  No If yes, what name? \_\_\_\_\_

Address \_\_\_\_\_  
*number street city state/zip*

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you related to anyone currently employed by RJN Group, Inc.?  Yes  No If yes, give name, department, and relationship \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No (proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Temporary

Are you on layoff and subject to recall?  Yes  No

Are you a Veteran of the U.S. Military service?  Yes  No

If yes, what branch? \_\_\_\_\_

Have you been convicted of a felony within the last seven years?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|   |              |           |           |
|---|--------------|-----------|-----------|
| <b>Person to be contacted in case of emergency:</b> |              |           |           |
| Name  | Relationship |           |           |
| Address   | City         | State/Zip | Phone No. |

**Educational Information**

| School      | Name and Location | Course of Study | Years Completed | Did you Graduate?   | Degree or Diploma |
|-------------|-------------------|-----------------|-----------------|---|-------------------|
| College     |                   |                 |                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| College     |                   |                 |                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| High School |                   |                 |                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| Elementary  |                   |                 |                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| Other       |                   |                 |                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |

List any correspondence courses, special course, seminars, workshops, technical schools, etc. that may relate to this position. Also list any licenses or certificates that you hold. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any skills that you have that may relate to this position \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your job objectives? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you willing to: Travel?  Yes  No                      Relocate?  Yes  No



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**Employment History** (please complete as fully as possible)

|  |  |      |      |                   |               |
|--|--|------|------|-------------------|---------------|
| <b>1</b><br><b>Present or Most Recent Employer</b> | Name of Employer   |      |      | Phone Number      |               |
|  | Address  |      | City | State             | Zip           |
|  | Nature of Company's Business                                     |      |      | Supervisor's Name |               |
|  | Position Held  | From | To   | Starting Salary   | Ending Salary |
|  | Reason for leaving. If still employed, why do you wish to leave? |      |      |                   |               |

|   |                              |      |      |                   |               |
|---|------------------------------|------|------|-------------------|---------------|
| <b>2</b><br><b>Next Previous Employer</b> | Name of Employer             |      |      | Phone Number      |               |
|   | Address                      |      | City | State             | Zip           |
|   | Nature of Company's Business |      |      | Supervisor's Name |               |
|   | Position Held                | From | To   | Starting Salary   | Ending Salary |
|   | Reason for leaving.          |      |      |                   |               |

|   |                              |      |      |                   |               |
|---|------------------------------|------|------|-------------------|---------------|
| <b>3</b><br><b>Next Previous Employer</b> | Name of Employer             |      |      | Phone Number      |               |
|   | Address                      |      | City | State             | Zip           |
|   | Nature of Company's Business |      |      | Supervisor's Name |               |
|   | Position Held                | From | To   | Starting Salary   | Ending Salary |
|   | Reason for leaving.          |      |      |                   |               |

|   |                              |      |      |                   |               |
|---|------------------------------|------|------|-------------------|---------------|
| <b>4</b><br><b>Next Previous Employer</b> | Name of Employer             |      |      | Phone Number      |               |
|   | Address                      |      | City | State             | Zip           |
|   | Nature of Company's Business |      |      | Supervisor's Name |               |
|   | Position Held                | From | To   | Starting Salary   | Ending Salary |
|   | Reason for leaving.          |      |      |                   |               |

(If you need additional space, please continue on a separate sheet of paper.)

|  |   |
|--|---|
| We will contact your employers for references unless otherwise indicated | <b>DO NOT CONTACT</b><br>Employer number(s) _____ Reason _____<br>_____ |
|--|---|



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**Authorization and Release  
in Connection with Employee Application**

The undersigned authorizes all corporations, companies, government agencies, educational institutions, medical institutions, persons, law enforcement agencies, military services, and former employers to release any information that they might have about me to RJN Group, Inc. for the purpose of a pre-employment review. I release them, RJN Group, Inc., from any liability or responsibility for doing so.

I understand that this authorization and release will also apply to any future update reports that may be requested and that the information obtained is to be used for verifying information concerned with my application for employment at RJN Group, Inc. and will not be used for any purpose in violation of federal or state law.

**Conditions of Employment**

**Please read the following statement:**

I understand that the employer follows an employment-at-will policy. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Employment with RJN Group, Inc. is contingent upon satisfying the medical requirements of RJN Group, Inc. as well as a complete driver’s license check, if applicable, and the successful completion of a specified probationary period. I hereby authorize an investigation of all statements contained in this application. I certify that the above statements are true and correct to the best of my knowledge and that I am aware that any falsification of this application is cause for rejection of application or termination of employment without notice.

I also agree: 1. To such physical examination and/or drug screen by a company designated doctor, at company expense, employment being contingent upon the satisfactory passing thereof; 2. When employment terminates, to reimburse the company for company property, equipment, and/or materials such as I.D. badge, insurance I.D.s, or any other property not accounted for.

**I have read, understand, and agree to the above conditions of employment, and authorization.**

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Signature of Applicant Date

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Signature of Witness Date