RHINEHART COMPANIES AT-WILL EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT. This application is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under local, state and federal law. The company conducts pre-employment screening for certain jobs before an offer is made. If a job offer is made, employment may be contingent upon successful completion of a medical examination, which may include providing urine, blood or other types of samples. This application will remain active for ninety (90) days.

PERSONAL INFORMATION										
Name ^{Last}	First	Middle	Social Security Number							
Email Address:			Phone:							
Please list below your current add	ress and any other recent addre	esses:								
Current Address: Street	urrent Address: Street			State Zip						
How long have you lived at your c	urrent address?									
Previous Address:										
		EDUCATI	ON							
High School Attended	ligh School Attended City, State Did you earn a Diploma/GED?									
College or University	City, State	Areas of Study		Degree/Certificate/Diploma						
Trade, Business or Other	City, State	Areas of Study		Degree/Certificate/Diploma						
EMPLOYMENT INFORMATION										
Position Applied For:	Date You Can Start Work:		Desired Salary: \$							
Do You Prefer: ☐ Full Time ☐ Which shift do you prefer: ☐ 1st	1 -	urrently working? y we contact you	□ Yes □ No r employer? □ Yes □ No							
Please answer all of the following	ng questions.									
1) Are you at least 18 years of age	and legally eligible for work in	the United S	tates? YES	S NO						
2) Will you work overtime when ne	cessary? YES N	10								
5) Are you on layoff and subject to recall? YES NO										
6) Are you currently bound by a no	n-compete or trade secret agre	eement? (I	f yes, please exp	olain) YES NO	***************************************					
7) Have you ever been discharged or asked to resign from a job? (If yes, please explain) YES NO										
Have you ever been arrested for c	r convicted of a crime that has i	not been exp	ounged by a cour	t (If yes, please explain) YES NO						
REFERENCES										
NAME	NAME CITY PHONE NUMBER/RELATIONSHIP									
1)										

3)							
		EMPLOYM	ENT HIS	TOR	Y		
Please list below your last three employers	beginning wi	th the most rece	ent:	1			
1. Most Recent Employer City			State	ZIP		Phone	
Position Held Dates: From/To		Pay Rate L	Rate Upon Leaving		Supe	Supervisor	
Duties		1	Reason for Leaving Terminated Explanation:			☐ Voluntary Quit [Laid Off
2. Next Most Recent Employer	City		State	ZIP		Phone	
Position Held Dates:	From/To	Pay Rate U	Pay Rate Upon Leaving		Supervisor		
Duties			Reason for Leaving Terminated Explanation:			☐ Voluntary Quit [☐ Laid Off
3. Next Most Recent Employer	City		State	ZIP		Phone	
Position Held Date:s	From/To	Pay Rate U	Pay Rate Upon Leaving		Sup	Supervisor	
Duties	Reason for Explanation	Reason for Leaving Terminated Voluntary Quit Laid Off				Laid Off	
I authorize the investigation of a		NT'S CERTI					ts. I release from all liability an
I authorize the investigation of a persons or employers supplyin investigation. I certify that the facts and inform any falsification, misrepresentati will be cause for denial of emplo I agree, if I am offered and acce the company reserves the right IF HIRED, MY EMPLOYMEN' RELATIONSHIP AT ANY TIME 4. I understand that any employme and eligibility to work in order to	g such information set fort on, or omissic yment or imment a position, to change war T WILL BE AND FOR AN ent offer is cor	mation. I also on the in this application of facts on the ediate termination to a ges, hours and AT-WILL, WHOY OR NO REAtingent upon mention.	release the ation are transplication of emplication of empliall existing to working to the MEA ASON. The providing providing providing the meansplice of th	e complete and ion, restoymend fur condition. In the condition of the con	pany I company sume at, reg ture c ans as HAT In thre	from all liability that plete to the best of r and any attachments ardless of when or he ompany rules and re deemed necessary. EITHER PARTY Ca e working days of er	t might result from making themy knowledge. I understand thems (or on any required documentow it was discovered. Egulations, and I understand thems. I ALSO UNDERSTAND THATAN END THE EMPLOYMEN
I have read and reviewed the employment, I certify that all the accurate.	information	provided in thi	s applicati	ion and	d the	above statements.	By signing this application for attachments, is truthful an
Signature				•		Date	
For Employer Use Only							
For Employer Use Only:							
Interviewed by		Da	ate			_ Hired ☐ Ye	s □ No
Starting Date	Po	osition _			_ Wage		