



Application for Employment

As of August 2014, all new hires will be drug tested and background checked.

Personal Information

Name (Last, First, Middle): _____		Date: _____
Present Address (Street, City, State, Zip): _____		
Permanent Address (Street, City, State, Zip): _____		
Phone Number: _____		Soc. Sec. #: _____
List Name and Relationship of any Relatives in our Employ: _____		Referred By: _____

Employment Desired: RST cannot guarantee 40 hours weekly.

Position: _____	Salary Desired: _____
Date You Can Start: _____	Hours You Can Work: _____
Are You Employed Now? _____	May We Contact Your Employer? _____
Have You Ever Applied To This Company Before? _____	When? _____

Other Information:

Subjects of Special Study or Research Work, Special Training and/or Activities (Civic, Athletic, Etc.): _____ _____ _____
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Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of its members.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

Signed: _____ **Date:** _____

This employment application has been designed for general use throughout the United States. At the time of publication, every effort was made to assure that the form complies with all general and certain state requirements prohibiting employment discrimination. However, legal requirements may vary from state to state and laws change frequently. Rediform assumes no responsibility for inclusion of any questions in this form which violate local, state, and/or Federal laws.

Attach resume or:

Former Employers: List the last four employers, starting with present or most recent.

Date - Month & Year	Name and Addresses of Employer	Salary	Position	Reason for Leaving

References: Give the names of three persons not related to you, whom you have know at least one year.

Name	Address	Phone #	Years Acquainted

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize RST Marketing to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that RST Marketing will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee _____
Date

Employee's Name - Printed