



# APPLICATION FOR EMPLOYMENT

We Are Proudly An Equal Opportunity Employer

**PRE EMPLOYMENT DRUG TESTING REQUIRED**

NAME: LAST		FIRST	MIDDLE	DATE	
ADDRESS: NUMBER, STREET, RFD, ETC.				PHONE NUMBER	
CITY OR TOWN		STATE	ZIP	2ND PHONE NUMBER	
APPLYING FOR: (GIVE SPECIFIC JOB TITLE)		I am able to perform the essential functions of the position. If necessary, please review the job description available upon request. (Note: We comply with the ADA and consider all reasonable accommodation measures that may be available to assist qualified applicants/employees to perform the essential functions of the job) <input type="checkbox"/> YES <input type="checkbox"/> Yes with accommodation			
I am interested in (check all that apply)		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL		SHIFT <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	
<b>WORK HISTORY:</b>					
PLEASE LIST ALL EMPLOYMENT DURING THE PAST FIVE YEARS IN REVERSE ORDER STARTING WITH THE LAST OR PRESENT EMPLOYER, INCLUDE PART-TIME, TEMPORARY, AND VOLUNTEER WORK, ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS EVEN IF YOU ATTACH A RESUME.					
1	EMPLOYER NAME			PHONE NUMBER	
ADDRESS:		NUMBER AND STREET	CITY OR TOWN	STATE	ZIP
SUPERVISOR'S NAME AND TITLE			DATE HIRED	DATE TERMINATED	
PAY:		REASON FOR LEAVING		POSITION	
START \$	ENDS \$				
SPECIFIC DUTIES					
2	EMPLOYER NAME			PHONE NUMBER	
ADDRESS:		NUMBER AND STREET	CITY OR TOWN	STATE	ZIP
SUPERVISOR'S NAME AND TITLE			DATE HIRED	DATE TERMINATED	
PAY:		REASON FOR LEAVING		POSITION	
START \$	ENDS \$				
SPECIFIC DUTIES					
3	EMPLOYER NAME			PHONE NUMBER	
ADDRESS:		NUMBER AND STREET	CITY OR TOWN	STATE	ZIP
SUPERVISOR'S NAME AND TITLE			DATE HIRED	DATE TERMINATED	
PAY:		REASON FOR LEAVING		POSITION	
START \$	ENDS \$				
SPECIFIC DUTIES					
4	EMPLOYER NAME			PHONE NUMBER	
ADDRESS:		NUMBER AND STREET	CITY OR TOWN	STATE	ZIP
SUPERVISOR'S NAME AND TITLE			DATE HIRED	DATE TERMINATED	
PAY:		REASON FOR LEAVING		POSITION	
START \$	ENDS \$				
SPECIFIC DUTIES					

<b>EDUCATION: TYPE</b>	<b>SCHOOL NAME AND CITY/STATE</b>	<b>COURSE OF STUDY/ DEGREE</b>	<b>NO. YEARS COMPLETED</b>
HIGH SCHOOL			
TRADE SCHOOL, VOCATIONAL, BUSINESS			
COLLEGE / UNIVERSITY			
GRADUATE SCHOOL			
OTHER SPECIAL TRAINING OR EDUCATION			
WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?			
WHAT SALARY DO YOU EXPECT?			

**REFERENCES**

PLEASE LIST THREE REFERENCES OTHER THAN FAMILY MEMBERS THAT WE MAY CONTACT

Name	Address	Phone Number	Relationship	Years Known
1.)				
2.)				
3.)				

**ADDITIONAL INFORMATION**

<b>1</b>	ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>2</b>	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (FELONY OR MISDEMEANOR?) (Include any plea of "guilty" or "no contest." Exclude traffic violations that do not include drugs or alcohol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE.			
<b>3</b>	DO YOU HAVE ANY RELATIVES IN OUR EMPLOY? (A "yes" answer is not an automatic bar to employment)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE NAME(S) AND RELATIONSHIP(S).			
<b>4</b>	HAVE YOU EVER WORKED FOR OR APPLIED TO RC COMPONENTS (INCLUDING, TO YOUR KNOWLEDGE, ANY PREDECESSOR) FOR EMPLOYMENT BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE DATE AND TYPE OF WORK			
<b>5</b>	ARE YOU ELIGIBLE TO WORK IN THIS COUNTRY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>6</b>	ARE YOU A CITIZEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, EXPLAIN YOUR EMPLOYMENT ELIGIBILITY			
<b>7</b>	FOR DRIVING JOBS ONLY: DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide details			

**AFFIDAVIT, CONSENT AND RELEASE**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination and background check. I hereby consent to a pre-employment drug screen and background check as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF RC COMPONENTS AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements

DATE SIGNED

SIGNATURE:

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR 60 DAYS.

Form 0006 Job Application v2 ISO 9001