



APPLICATION FOR EMPLOYMENT

Position you are applying for: _____ Date of Application: _____

Desired Salary: _____ Date available for work: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____ Name (other, nickname, etc.) _____

Street Address _____ Apt.#/Unit# _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Social Security Number: _____ Are you a U. S. Citizen? ☐ Yes ☐ No

If you answered NO to U. S. citizenship, are you authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain: _____

Have you ever worked for RMA? ☐ Yes ☐ No If yes, when? _____

EDUCATION (Beginning with High School)

School Name	Location	Years Attended	Degree Received	Major

EMPLOYMENT (Beginning with Last Position)

Employer: _____ Date(s) Employed: _____

Work Phone: _____ Pay rate: \$ _____ to \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____

Duties Performed: _____

Supervisor Name and Title: _____

Reason for Leaving: _____

May we contact them? ☐ Yes ☐ No

APPLICATION FOR EMPLOYMENT

EMPLOYMENT (cont.)

Employer: _____ Date(s) Employed: _____
Work Phone: _____ Pay rate: \$ _____ to \$ _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____
Duties Performed: _____
Supervisor Name and Title: _____
Reason for Leaving: _____
May we contact them? ☐ Yes ☐ No

Employer: _____ Date(s) Employed: _____
Work Phone: _____ Pay rate: \$ _____ to \$ _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____
Duties Performed: _____
Supervisor Name and Title: _____
Reason for Leaving: _____
May we contact them? ☐ Yes ☐ No

REFERENCES (Please list three professional references)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

- ☐ I certify that all answers given herein are true and complete to the best of my knowledge.
- ☐ I understand this Company complies with E-Verify as required by law, and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- ☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature: _____ Date: _____

Background Screening Information and Authorization

Last Name _____ First Name _____ Middle Name _____

Other Names (Maiden, Alias, etc.) _____

Social Security Number _____ Date of Birth: _____ / _____ / _____
Month Day Year

Driver's License Number _____ State _____

Home Phone Number _____ Cell Number _____ Email Address _____

Street Address _____ Apt.#/Unit# _____ City _____ State _____ Zip _____

County _____

- This information will be used for background screening **ONLY** and will not be used as hiring criteria.
- **NOTE:** If you do business in Utah, you cannot ask for DOB, Driver's License, or SSN until either a confidential offer of employment or at the time the background report will be run.

Applicant's Signature: _____ Date: _____

FOR EMPLOYER USE ONLY. PLEASE MARK (✓) THE SEARCHES TO BE CONDUCTED

Contact: _____ Email: _____

Phone: _____ Fax: _____

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