



Rocky Mountain Signing
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT YOUR ANSWERS, except for your signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking employment: Full-time [ ] Part-time [ ]

When could you start work? \_\_\_\_\_

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? ..... Yes [ ] No [ ]

If hired, can you furnish proof you are eligible to work in the U.S.? ..... Yes [ ] No [ ]

Have you ever applied here before? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

Were you ever employed here? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation? (Include any Plea of "guilty" or "no contest". Exclude minor traffic violations.) ..... Yes [ ] No [ ]

If yes, give details:

(A conviction will not necessarily disqualify an applicant for employment.)

Are you currently on parole? \_\_\_\_\_ Are you currently on probation? \_\_\_\_\_

Parole/Case Manager/Probation officer \_\_\_\_\_ Name Telephone Number

Are you now or do you expect to be engaged in any other business or employment. .... Yes  No   
 If yes, please explain \_\_\_\_\_

**EDUCATION**

List Name and Address of Schools	Number of Years Completed	Diploma, Degree, Certificate
High School: _____		
College or University: _____		
Subjects Studied:		
Vocational or Technical: _____		
Subjects Studied:		

**SPECIAL SKILLS**

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_

Do you have a valid driver's license?..... Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes  No   
 If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_  
 \_\_\_\_\_

Do you have a current flagger card? \_\_\_\_\_

Do you have a TCS certification? \_\_\_\_\_

Are you available to work days, nights and weekends? \_\_\_\_\_

RMS does not provide transportation, Do you have transportation to get to and from all job sites? \_\_\_\_\_

### WORK HISTORY

List names of employers in consecutive order with present of last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**Note:** A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Supervisor
Address	Employed From (mo/yr) <span style="float: right;">To (mo/yr)</span>
City, State, Zip Code	Pay Start \$ <span style="float: right;">Final \$</span>
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) <span style="float: right;">To (mo/yr)</span>
City, State, Zip Code	Pay Start \$ <span style="float: right;">Final \$</span>
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) <span style="float: right;">To (mo/yr)</span>
City, State, Zip Code	Pay Start \$ <span style="float: right;">Final \$</span>
Telephone	
Title	Reason for Leaving
Duties	

### REFERENCES

Have you worked or attended school under any other names?.....Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed.....Yes  No  If yes, whom may we contact?\_\_\_\_\_

Have you ever been fired from a job or asked to resign?.....Yes  No

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

Give three references, not relatives or former employers.

Name	Phone	Address

**AFFIDAVIT**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete to the best of my knowledge, 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. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am employed, any Company property in my possession must be returned and any indebtedness to the Company must be paid before my termination. I authorize the Company to deduct from my final paycheck(s) all monies due and owing to the Company for any indebtedness not paid at the time of termination.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment from any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment cannot be considered until it is fully completed, signed and received by the Company and it will remain active for no more than 30 days from that date. We hire from our applications on file.