



Robinson Renovation & Custom Homes, Inc.

INSPIRATION • INTEGRITY • LASTING VALUE

## APPLICATION FOR EMPLOYMENT

*The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion, or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the bases of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.*

### PERSONAL INFORMATION

NAME \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

ADDRESS \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

HOW LONG AT ABOVE ADDRESS? \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

HOW LONG? \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE U.S.?  YES  NO ARE YOU 18 YEARS OR OLDER?  YES  NO

DESIRED POSITION 1. \_\_\_\_\_ RATE OF PAY EXPECTED \$ \_\_\_\_\_ PER \_\_\_\_\_

2. \_\_\_\_\_ RATE OF PAY EXPECTED \$ \_\_\_\_\_ PER \_\_\_\_\_

WOULD YOU PREFER TO WORK  FULL TIME  PART TIME  TEMPORARY DATE AVAILABLE \_\_\_\_\_

HAVE YOU WORKED FOR US BEFORE?  YES  NO IF YES, WHEN? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES WORKING FOR US \_\_\_\_\_

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB(S) FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

*If you need additional space, please continue on a separate sheet of paper.*

U.S. ARMED FORCES  YES  NO BRANCH \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS?  YES  NO IF YES, PLEASE EXPLAIN.

(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

### PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**FORMER EMPLOYERS — LIST BELOW YOUR LAST 3 EMPLOYERS, STARTING WITH THE LAST ONE FIRST**

<b>EMPLOYER 1</b> MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATES EMPLOYED</b>		<b>DUTIES</b>
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	<b>HOURLY RATE/SALARY</b>		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			
<b>EMPLOYER 2</b> MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATES EMPLOYED</b>		<b>DUTIES</b>
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	<b>HOURLY RATE/SALARY</b>		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			
<b>EMPLOYER 3</b> MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATES EMPLOYED</b>		<b>DUTIES</b>
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	<b>HOURLY RATE/SALARY</b>		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			
<b>EMPLOYER 4</b> MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATES EMPLOYED</b>		<b>DUTIES</b>
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	<b>HOURLY RATE/SALARY</b>		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			

*If you need additional space, please continue on a separate sheet of paper.*

ARE YOU EMPLOYED NOW?  YES  NO

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT?  YES  NO

**EDUCATION**

SCHOOL	NAME AND CITY	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIBE ANY OTHER EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT YOU THINK COULD BE HELPFUL IN YOUR WORK FOR OUR COMPANY — *If you need additional space, please continue on a separate sheet of paper.*

---



---



---



---



---



---



---

**PERSONAL REFERENCES — EXCLUDING FORMER EMPLOYERS OR RELATIVES**

<b>NAME</b>	BUSINESS
ADDRESS	PHONE
CITY STATE ZIP	YEARS ACQUAINTED
<b>NAME</b>	BUSINESS
ADDRESS	PHONE
CITY STATE ZIP	YEARS ACQUAINTED
<b>NAME</b>	BUSINESS
ADDRESS	PHONE
CITY STATE ZIP	YEARS ACQUAINTED

The facts set forth in my application are true and complete: I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Robinson Renovation & Custom Homes or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_