



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Rice Building Systems, Inc. is an Equal Opportunity Employer. Rice Building Systems, Inc. does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Applicant Name _____ Home Phone _____

Email Address _____ Other Phone _____

Current Address: Number and Street _____

City _____ State, Zip _____

How were you referred to Rice Building Systems, Inc.? _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Regular part-time work? Yes No
- Regular full-time work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? _____ / _____ / _____

Can you work on the weekends? Yes No

Are you available to work overtime? Yes No

Salary desired: \$ _____

Personal Information

If hired, would you have transportation to/from work? Yes No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)
Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: Rice Building Systems, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education, Training and Experience

High School

School Name _____

Address _____ City, State, Zip _____

Number of years completed _____ Did you graduate? Yes No

Degree / diploma earned _____

College / University

School Name _____

Address _____ City, State, Zip _____

Number of years completed _____ Did you graduate? Yes No

Degree / diploma earned _____

Vocational School

School Name _____

Address _____ City, State, Zip _____

Number of years completed _____ Did you graduate? Yes No

Degree / diploma earned _____

Military

Branch _____ Rank _____

Total Years of Service _____ Skills/duties _____

Related details _____

Additional Information

Do you speak, write or understand any foreign languages? Yes No

If yes, list languages(s) and how fluent of a speaker you consider yourself to be: _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Yes No If yes, please explain: _____

Employment History

Are you currently employed? Yes No

If you are currently employed, may we contact your current employer? Yes No

Below, please describe past and present employment positions, dating back five (5) years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer _____ Business Type _____

Name of Supervisor _____ Telephone _____

Address _____ City, State, Zip _____

Length of Employment (Include Dates) _____

Position & Duties _____

Reason for Leaving _____

May we contact this employer for references? Yes No

Name of Employer _____ Business Type _____

Name of Supervisor _____ Telephone _____

Address _____ City, State, Zip _____

Length of Employment (Include Dates) _____

Position & Duties _____

Reason for Leaving _____

May we contact this employer for references? Yes No

Name of Employer _____ Business Type _____

Name of Supervisor _____ Telephone _____

Address _____ City, State, Zip _____

Length of Employment (Include Dates) _____

Position & Duties _____

Reason for Leaving _____

May we contact this employer for references? Yes No

If there has been a gap in employment of more than six (6) months, please provide details below.

(Attach sheet if more space is needed)

References

List below three (3) persons who have knowledge of your work performance within the last four (4) years. Please include professional references only.

Name _____

Telephone _____

Address _____

City, State, Zip _____

Occupation _____

Number of Years Acquainted _____

Name _____

Telephone _____

Address _____

City, State, Zip _____

Occupation _____

Number of Years Acquainted _____

Name _____

Telephone _____

Address _____

City, State, Zip _____

Occupation _____

Number of Years Acquainted _____

Please read and initial each paragraph, then sign below.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by Rice Building Systems, Inc., terms for my immediate expulsion from Rice Building Systems, Inc.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Rice Building Systems, Inc.

I permit Rice Building Systems, Inc. to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Rice Building Systems, Inc., my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature _____ **Date** _____