

RCM Utilities, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants based on race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. RCM Utilities is a drug-free workplace.

Please print and answer all questions.

PERSONAL

Name			_ Telephone #			
Last	First	Middle				
Address						
Street		City	·	State	Zip	
Previous Address	eet			How	long?	
Str	eet	City	State Zip)		
Email		Date o	f Birth			
Position(s) applied for			Full ti	me	Part Time	!
Date Available	Salary	desired	Are you ov	er 18 yea	rs old?	
Do you have the legal right t	o work in the l	United States?	Do you have t	ransporta	ition? Yes	No
Have you worked for this co	mpany before′	? From	To P	osition		
Are you employed now?	If no	ot, how long since lea	wing last employm	ent?		
Who referred you or how did	l you hear abo	out RCM Utilities?				
Is there any reason you mig Yes No If yes		•	-	•		? _
		EDUCATION				
Circle highest grade comple	ted: High Sch	ool 9 10 11 12 Di	ploma: Yes No_	G.E.	D.: Yes	No
Last School Attended						
	Name		C	ity / State		
College and/or Vocational S	chool: N	umber of Years Com	pleted (circle one)	123	4	
School(s)			City/State			
Major		Degrees Earned				
Other Training or Degrees:	School(s)		C	ity/State_		
Course(s)		De	gree or Certificate	Earned _		

EMPLOYMENT HISTORY

Please list employers, starting with the most recent.

May we contact your present employer? Yes____ No____

	EMPLOYER	
Name		Dates
		From To
Address		Position Held
City	State Zip	Salary/Hourly Wage
Contact Person	Telephone #	Reason for Leaving

	EMPLOYER	
Name		Dates
		From To
Address		Position Held
City	State Zip	Salary/Hourly Wage
Contact Person	Telephone #	Reason for Leaving

	EMPLOYER	
Name		Dates
		From To
Address		Position Held
City	State Zip	Salary/Hourly Wage
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	EMPLOYER		
Name			Dates
			From To
Address			Position Held
City	State	Zip	Salary/Hourly Wage
Contact Person	Telephone #	ŧ	Reason for Leaving

EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

If you wish to describe additional work experience or skills, please attach a separate piece of paper.

ACCIDENT RECORD	DATE	NATURE OF ACCIDENT (head-on, rear-end, etc.)	FATALITIES	INJURIES
for last 3 years	Last Accident Previous Previous			

OTHER INFORMATION:

Have you ever been discharged or asked to resign from a job? _____ If Yes, please explain: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes____ No____ Has any license, permit or privilege ever been suspended or revoked? Yes____ No____

(If you answered yes to either of these last 2 question above, describe details on back of this page) During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

Yes No If yes, explain:

(A conviction will not necessarily or automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize RCM Utilities, LLC to verify their accuracy and to obtain reference information on my work performance. I hereby release RCM Utilities, LLC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application may and shall be considered enough basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment at RCM Utilities. I further understand that neither the policies rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will, and that either I or the Employer ma terminate my employment at any time with or without notice or cause.

Applicant's Signature*

Date _____

*Applicant's signature designates applicant has read and understands the above company policy.