R.C. Moore, Inc.

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date		
Last name	First name	Middle name
Street Address		
City	State Z	ZIP
Telephone	Social Security	#
Position applied for		
	ening? Walk-In Advertiser	ment □ Web Site □ Referral
When can you start?	Desired \	Wage \$
2	erwise authorized to work in the lity will be required upon employ	
Are you looking for full-time	e employment? Yes No	
If no, what hours are you ava	ailable?	
Are you willing to work swin	ng shift? Yes No	
Are you willing to work grav	veyard? ☐ Yes ☐ No	
Are you over the age of 18 y	ears? 🗆 Yes 🗆 No	
Are you a veteran of the U.S	. Military Service? Yes No	o
there are any questions abou question.) □ Yes □ No		n for which you are applying? (If interviewer prior to answering this
II Ivo, piease expiain.		

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Have you ever been discharged or asked to resign from a job? ☐ Yes ☐ No If Yes, please explain.			
Have you ever been convicted of a felony? (This will not necessary Yes ☐ No	ssarily affect	your ap	pplication.)
If yes, please describe conditions.			
Education			
School Name and Location	# Years	Major	Degree
High School			
College			·
College			
Post-College			. <u></u>
Other Training			·
In addition to your work history, are there other skills, qualific we should consider? ☐ Yes ☐ No			
If yes, please describe.			
<u> </u>			

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Employment History: Start with most recent employer. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex or national origin. If available, attach resume.

Company Name		
Address	Telephone	
Date Started		
Date Ended	Ending Position	
Name of Supervisor		
May we contact? ☐ Yes ☐ No		
Responsibilities		
Reason for leaving		
Company Name		
Address	Telephone	
Date Started	Starting Position	
Date Ended	Ending Position	
Name of Supervisor		
May we contact? ☐ Yes ☐ No		
Responsibilities		
Reason for leaving		
Company Name		
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Date Started	Starting Position	
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Responsibilities		
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Company Name	
Address	Telephone
Date Started	Starting Position
Date Ended	Ending Position
Name of Supervisor	
May we contact? ☐ Yes ☐ No	
Responsibilities	
Reason for leaving	
Attach additional information if n	ecessary.
best of my knowledge. I understar	this application for employment are true and complete to the and that if I am employed, false statements on this application se for dismissal. I further understand that this application is not by ment.
and employment history. If the po	y authorized to make any investigations of my prior educational osition for which I am applying also requires motor vehicle and o authorize this company to conduct investigations into these
agencies for employment purpose promote, reassign or retain you. T require your express, written author	issumer or credit reports about you from credit reporting s. These reports may impact our decision to hire you or o request such a report from a credit reporting agency, we orization. By signing at the end of this document, you is notice and that you authorize RCM to request consumer or lit report agencies.
terminate the employment relation reason not prohibited by statute. A	RCM is "at will," which means that either I or RCM can aship at any time, with or without prior notice, and for any all employment is continued on that basis. I understand that no of this company, other than the president, has any authority to
Signature	Date