



APPLICATION FOR EMPLOYMENT

Please complete the entire form. Incomplete applications will not be considered as legitimate employment inquiries.

PERSONAL INFORMATION		
Full Name	Phone No.	Email Address
Street Address		City, State Zip
Are you currently eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you now or in the future require sponsorship for employment with RHRH Group, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION			
Position Applying For:	Date Available:	Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
Will you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this position: If internet, specify source:		Have you been discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:	

EMPLOYMENT HISTORY	
<i>Start with present or last position and work back. If you were ever employed in any position under a different name, state in each position the name used. Account for all periods of unemployment.</i>	
Company Name:	OK To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address, City, State, Zip	Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
HR or Supervisor Name and Primary Phone Number	Dates Employed (MM/DD/YY) From: _____ To: _____
Work Responsibilities	Salary Information: Start: _____ Last: _____ Bonus: _____
Reason Left/Wanting to Leave:	

Company Name:	OK To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address, City, State, Zip	Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
HR or Supervisor Name and Primary Phone Number	Dates Employed (MM/DD/YY) From: _____ To: _____
Work Responsibilities	Salary Information: Start: _____ Last: _____ Bonus: _____
Reason Left/Wanting to Leave:	

Company Name:	OK To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

Address, City, State, Zip	Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
HR or Supervisor Name and Primary Phone Number	Dates Employed (MM/DD/YY) From: _____ To: _____
Work Responsibilities	Salary Information: Start: _____ Last: _____ Bonus: _____
Reason Left/Wanting to Leave:	

ADDITIONAL INFORMATION

Please provide any gaps of employment. (MM/DD/YY)

Start:	End:	Explanation:
Start:	End:	Explanation:
Start:	End:	Explanation:

EDUCATION BACKGROUND

Education Type	School Name + Location	Years Completed	Graduate?	Course of Study	Degree Awarded
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATES / LICENSES

License/Certification:	Certificate/License Number:
Institution:	Effective Date:
State:	Expiration Date:

LANGUAGE SKILLS

Language:	Speaking Proficiency: <input type="checkbox"/> Beginner <input type="checkbox"/> Fluent <input type="checkbox"/> Intermediate
Ability to Translate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Writing Proficiency: <input type="checkbox"/> Beginner <input type="checkbox"/> Fluent <input type="checkbox"/> Intermediate
Desire to Translate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Proficiency: <input type="checkbox"/> Beginner <input type="checkbox"/> Fluent <input type="checkbox"/> Intermediate

PROFESSIONAL REFERENCES

List three individuals, who are not related to you, with knowledge of your work as a professional. Business references preferred.

Name	Occupation	Phone No.	Email Address	Years Known + Capacity

FELONY DISCLOSURE

Have you been convicted, plead guilty, or no contest to a crime within the last seven (7) years? Yes No

If yes, please explain (nature and date of offense):

A criminal record will not automatically exclude you from consideration of employment. Do not include sealed or expunged convictions pursuant to a court order.

APPLICATION ACKNOWLEDGEMENT AND CONSENT

My electronic submission and/or signature below of this application certify/certifies that:

- I understand that this application and any attachment are the property of RHRH Group, Inc. (the Company).
- I understand that it is the policy of the Company to implement affirmatively equal opportunity to all qualified employees and applicants for employment without regard to race, color, age, gender, sexual orientation, religion, disability, national origin, or veteran status, or any other categories or classifications protected by law.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
- I understand that an investigation may be obtained, concerning my work habits, education, character, general reputation, personal characteristics, mode of living, and criminal history. Such information may be obtained by direct or indirect contact from former employers, schools, landlords, public agencies as well as through personal interviews with neighbors, friends, associates, acquaintances or other persons who may have such knowledge. To the extent that the services of a consumer reporting agency are utilized to verify information I have provided on my employment application, I will receive a separate "CONSUMER DISCLOSURE AND AUTHORIZATION FORM" prior to the verification of such information.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you.
- I certify that this application was completed by me, and that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.
- I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice.
- I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.
- I understand that this application will only be considered for the specific position for which I am applying; if I wish to be considered for another position, I must complete a separate application for that position.
- I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Yes No

APPLICANT SIGNATURE

PRINTED NAME

DATE