

APPLICATION FOR EMPLOYMENT

Riverview Industries, Inc.
An Equal Opportunity Employer

PLEASE PRINT

Date of Application: _____

Position Applying For: _____

Rate of Pay Expected: _____

Referral Source: _____	Advertisement	Name of Newspaper: _____
_____	Agency	_____ Friend or Relative
_____	Other	_____ Walk-In
Please Describe: _____		

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: () _____ Social Security #: _____

If employed and you are under 18, can you furnish a work permit? YES NO
If yes, give date: _____ / _____ / _____

Are you employed now? _____ If YES, may we contact your employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Please check. _____ YES _____ NO

On what date are you available to begin work? _____ / _____ / _____

Are you available for (mark all that apply): Full Time Part Time Temporary

Are you on lay-off and subject to recall? _____ YES _____ NO

Can you travel if a job requires it? _____ YES _____ NO

Within the past 7 years, have you been either (1) convicted by any court of a felony or (2) released from prison following conviction of a felony? _____ YES _____ NO
If YES to either, please provide details. _____

Do you have any relatives working for Riverview now? _____ If YES, please list names: _____

Have you filed an application here before? If YES, give date: _____

Have you ever been bonded? If YES, by what employer(s)? _____

Emergency Contact: Who would you like us to contact in case of an emergency?

Name: _____
(H) Address: _____ (H) Phone: _____
(W) Address: _____ (W) Phone: _____

Do you presently hold a valid State of Ohio driver's license? (This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are applying)

If YES, please circle: Operator's YES Commercial NO CDL Endorsements? _____

PERSONAL REFERENCES: 3 people not related to you and not former employers

Name	Address	Phone Number

EDUCATION:

Years Completed	Elementary				High School				College/University			
	5	6	7	8	9	10	11	12	1	2	3	4
Name of School												
Diploma / Degree												
Course of Study												

Describe any Specialized Training: _____

Licenses or Certificates _____

Apprenticeship _____

Skills & Extra-Curricular Activities _____

Honors Received? _____

State any additional information you feel may be helpful to us in considering your application, including typing and/or shorthand speed: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize any special skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held (you may exclude those which indicate race, color, religion, sex, or national origin): _____

EMPLOYMENT EXPERIENCE:

Start with your present or last job, including military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer 1: _____	Telephone Number: (_____)
Address: _____	
Dates of Employment: From: _____ / _____ / _____	To: _____ / _____ / _____
Job Title: _____	Hour Rate/Salary: Starting _____ Final _____
Type of Work Performed: _____	
Supervisor: _____	Reason for Leaving: _____

Employer 2: _____	Telephone Number: (_____)
Address: _____	
Dates of Employment: From: _____ / _____ / _____	To: _____ / _____ / _____
Job Title: _____	Hour Rate/Salary: Starting _____ Final _____
Type of Work Performed: _____	
Supervisor: _____	Reason for Leaving: _____

Employer 3: _____	Telephone Number: (_____)
Address: _____	
Dates of Employment: From: _____ / _____ / _____	To: _____ / _____ / _____
Job Title: _____	Hour Rate/Salary: Starting _____ Final _____
Type of Work Performed: _____	
Supervisor: _____	Reason for Leaving: _____

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

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Riverview Industries.

SIGNATURE OF APPLICANT

DATE

As an equal opportunity employer, Riverview Industries will consider only the qualifications of applicants and will not tolerate discrimination in provision of services or employment because of disability, race, color, creed, national origin, sex, or age.



8380 W. State Route 163

Oak Harbor, OH 43449

Phone (419) 898-5250

Fax (419) 898-1141

Applicant's Release for Reference Check Information

Applicant Name: _____

SSN: _____

I hereby authorize the investigation of any and all statements made on my application for employment as may be necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in said application to provide to Riverview Industries, Inc. with all requested information relative to my employment, past and present.

Furthermore, I hereby release such individuals and/or organizations for any and all liability for any claim or damage resulting from information provided to Riverview Industries.

Applicant Signature: _____

Date: _____