EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Name (Last Name, First):			Date:
Address:		City:	Zip:
Telephone:	EMAIL:		-
Preferred Written Language:	() English () Spanish		
Position Applying for:	Soonest	t Available:	
If part-time – list specify hour	rs or days:		
	nmitments that might prevent you from meeti	= :	do you anticipate any lengthy
Do you have any commitmen	its to another employer that might affect your	employment with us?	
•	ed States: Yes No eed to work in the United States? Yes	No	
	Yes No of that you are legal age? Yes	No	
Do you know of any reason w reasonable accommodations	why you cannot perform the essential function? Yes No If yes, pleas	is of the job for which you are a se explain:	pplying with or without
Have you ever been convicted Nature?	d of a criminal offense? Yes No	If Yes: Date:	Place:
(An affirmative answ	ver will not automatically disqualify you from b	being considered as a candidate	for employment)
Do you have a relative or frier Have you ever worked for our	cly working for this Company? Yes Ind currently working for this Company? Yes r Company before? Yes No	No If Yes, Who	?
EDUCATIONAL DATA SCHOOL	NAME, CITY, STATE	YEARS	DEGREE /
	FOR EACH SCHOOL	COMPLETED	MAJOR
HIGH SCHOOL COLLEGE		 	
GRADUATE SCHOOL OTHER			
MILITARY SERVICE: Yes	No If yes, Branch? Ra	ank at Separation:	
What type of training or educ	cation did you receive while in the military?		
BUSINESS REFERENCES (Pro	rovide a minimum of three – not relatives to y OCCUPAT	ouMINIMUM OF THREE – NOT	<u>RELATIVES)</u> PHONE
This Application was receive	ed by:(Manager Only	Date:	
	(Manager Only	7	

EMPLOYMENT HISTORY List present of	er most recent employer first		
Employer	Employed	Supervisor's Name & Title	
	From Mo/Yr		
Address		Your Job Title	
	Beginning Salary	Ending Salary Hour, Week, Month Or Year	
Telephone			
() \$		\$ Per ?	
Duties:			
Reason for leaving :			
Employer	Employed	Supervisor's Name & Title	
Address	FromMo/Yr ToMo/Yr	Your Job Title	
Address	10	Tour Job Title	
	Beginning Salary	Ending Salary Hour, Week, Month Or Year	
Telephone			
()		\$ Per ?	
Duties:			
Reason for leaving :			
Employer	Employed	Supervisor's Name & Title	
. ,	. ,	·	
	From Mo/Yr		
Address	ToMo/Yr	Your Job Title	
	Beginning Salary	Ending Salary Hour, Week, Month Or Year	
Telephone			
()		\$ Per ?	
Duties:			
Reason for leaving :			
<u> </u>			
Please read the following statements car			
		ying resume, if provided) is true and complete to my	
		disqualify me from further consideration for employment	
		I also understand that all new employees are placed on	
90 day probationary period from the date	hired.		
Lundarstand that if hirad my amplayma	nt can be terminated with ar without n	atics at any time for any reason at the discretion of eithe	
		otice at any time for any reason at the discretion of eithe period and may, regardless of the date or payment of	
		r, I understand that no management official is authorized	
, -	·	such pledge or agreement must be in writing and signed	
by the Chief Executive Officer of the Com		den piedge of agreement must be in writing and signed	
by the emer exceeding of the com	carry.		
An investigative report may be made whe	reby information is obtained through r	personal interviews with third parties, such as family	
		th whom you are acquainted. These inquiries may seek	
		and mode of living, whichever may be applicable. You	
-		complete and accurate disclosure of additional	
		complies with all regulations of the Consumer Credit	
Protection Act if such investigations are u			

Applicant's Signature Date

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and

accompanying resume, if any) to provide any relevant information that may be required at an employment decision.

Employee Login and Electronic Document Acknowledgment

If hired, you will be assigned a unique login ID and password, which will be sent to you via your personal email address. This is for executing documents needed during your employment with Rovin, Inc. (and its companies). You will need to keep both the login ID and password secure. No other employee, including management, has access to or can change the login ID and password. You understand, acknowledge, and agree that the electronic signing of documents is a convenience for both you and the Company and that your use of the login ID and password to electronically execute any and all documents is as effective as though you had signed the documents in person.

	Date:
Signature	
Printed Name	