## **EMPLOYMENT APPLICATION**

## EQUAL OPPORTUNITY EMPLOYER

Name (Last Name, First):			Date:	
Address:			City:	Zip:
Telephone:		EMAIL:		
Preferred Written Language:	() English () S	panish		
Position Applying for:		Soonest	Available:	
If part-time – list specify hour	s or days:			
If hired, do you have any com absence from work?				or do you anticipate any lengthy
Do you have any commitment	ts to another employer t	hat might affect your	employment with us?	
Are you a citizen of the United				
If no, are you legally authorize	ed to work in the United	States? Yes	No	
Are you below the age of 18? If hired, can you provide proo			No	
Do you know of any reason w reasonable accommodations?	? Yes No	If yes, please	e explain:	
Nature?				Place:
			eing considered as a candida	
Do you know anyone currentl				
				ho?
		NO		
EDUCATIONAL DATA SCHOOL	NAME, CITY, ST	 лтс	YEARS	DEGREE /
JUHOOL	FOR EACH SCHC		COMPLETED	MAJOR
HIGH SCHOOL				
GRADUATE SCHOOL OTHER				
MILITARY SERVICE: Yes Dates of Duty: From: Briefly describe your duties:	No If yes, Br To:	ranch? Ra	nk at Separation:	·
What type of training or educ	ation did you receive wh	nile in the military?		
BUSINESS REFERENCES (Pro	ovide a minimum of thre		DUMINIMUM OF THREE – NO ION / TITLE	<u>T RELATIVES)</u> PHONE
		]		
This Application was receive	ed by:		Date:	

(Manager Only)

	nt or most recent employer first		
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 ?	
uties:			
eason 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 ?	
uties:			
eason for leaving :			
Employer	Employed	Supervisor's Name & Title	
	From Mo/Vr		
· ·	From Mo/Yr To Mo/Yr	Your Job Title	
Address	From Mo/Yr ToMo/Yr	Your Job Title	
	From Mo/Yr To Mo/Yr Beginning Salary		
· ·	ToMo/Yr Beginning Salary	Ending Salary Hour, Week, Month Or Year	
Address	ToMo/Yr		

## Please read the following statements carefully – If you need assistance, please inform a manager.

I hereby affirm that the information provided on this application (and accompanying resume, if provided) is true and complete to my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date. I also understand that all new employees are placed on a 90 day probationary period from the date hired.

I understand that, if hired, my employment can be terminated with or without notice at any time for any reason at the discretion of either the company or myself. I also understand that my employment is for no definite period and may, regardless of the date or payment of any wages or salary, be terminated at any time without pervious notice. Further, I understand that no management official is authorized to make any oral assurance or promise of continued employment, and that any such pledge or agreement must be in writing and signed by the Chief Executive Officer of the Company.

An investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. These inquiries may seek information about your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of the investigation. The Company complies with all regulations of the Consumer Credit Protection Act if such investigations are undertaken by a consumer reporting agency at the Company's request.

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