



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

Have you ever terminated from a position or asked to resign in lieu of termination? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Concentration and Coursework: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Concentration and Coursework: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Background Check Release

I authorize the RCSWD to conduct a background investigation.

Full Name: _____ Date: _____
Last First M.I.

Present Address: _____
Street Address Apartment/Unit #

Prior Address: _____
City State ZIP Code

Street Address Apartment/Unit #

City State ZIP Code

DOB: _____ SSN: _____

Drivers License Number: _____ State: _____

Other Names Used: _____

I HEREBY AUTHORIZE THE RELEASE TO THE RCSWD/RCSWD POLICE DEPARTMENT ANY INFORMATION HELD BY ANY PARTIES REGARDING MY PRIOR EMPLOYMENT, CRIMINAL, CREDIT, DRIVING, WORKERS' COMPENSATION AND EDUCATIONAL HISTORY AS WELL AS INFORMATION REGARDING MY GENERL CHARACTER AND REPUTATION

I RELEASE ANY PROVIDERS OF SUCH INFORMATION FROM ANY LIABILITY FOR PROVIDING SAME. I UNDERSTAND THE INFORMATION MAYBE REVIEWED INITIALLY AND PERIODICALLY BY THE RCSWD/RCSWD POLICE DEPARTMENT IF REQUESTED BY FOR REPORTING TO MY PROSPECTIVE/ACTUAL EMPLOYER. I AGREE THAT ANY FALSESICATION MAY MAKE ME INELEGIBLE FOR EMPLOYMENT OR SUBJECT TO IMMIDIATE DISMISSAL, IF HIRED. I FURTHER ACHKNOWLEDGE THAT THE RCSWD/RCSWD POLICE DEAPERTMENT IS RELYING ON A THIRD PARTY INFORMAT, AND I THEREFORE, RELEASE THE RCSWD/RCSWD POLICE DEPARTMENT, MY PROSPECTIVE EMPLOYER, AND THEIR RESPECTIVE OWNERS, OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY ARISING OUT OF ERRORS OR OMMISSION. IF NOT HIRED BASED ON REPORT INFORMATION, I UNDERSTAND.

Signature: _____ Date: _____

THE RCSWD IS AN EQUAL OPPORTUNITY EMPLOYER

AS EMPLOYERS / GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES. SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THE APPLICANT DATA RECORD. THE FORM IS VOLUNTARY. IT WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT. THE RCSWD IS AN EQUAL OPPORTUNITY EMPLOYER WHICH PROHIBITS DISCRIMINATION BASED ON RACE, AGE, SEX, COLOR, MARITAL STATUS, CONDITION OR HANDICAP, RELIGIOUS CREED, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ANY OTHER NON-MERIT FACTOR. WE APPRECIATE YOUR COOPERATION.

GENDER

CHECK ONE: Male Female

RACE

CHECK ONE: White
 Black or African-American
 Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native
 Asian
 Two or More Races

ETHNICITY

CHECK ONE: Hispanic or Latino
 Non Hispanic or Latino