

# **Application for Employment**

Robb & Stucky International is an equal opportunity employer and does not discriminate on the basis of sex, race, age, disability, marital status, religion, sexual orientation, national origin, veteran's status or any other characteristic prohibited by law. Candidates for employment who require accommodation, due to a disability, to participate in the selection process should contact Corporate Human Resources.

Please complete all sections. Failure to complete the Application for Employment in its entirety may result in disqualification for consideration.

Name \_\_\_\_\_\_

Date\_\_\_\_\_

		APPLICA	NT DATA	
NAME:				
	LAST	FIRST	MIDDLE	
ADDRESS:				
	NUMBER & STREET	APT. #		
	СІТҮ	STATE	ZIP CODE	
l	CITI	JIAIL		
TELEPHONE	NUMBER	SOC	IAL SECURITY NUMBER	
Can vou. up	oon offer of employment, si	ubmit verification of your lea	gal right to work in the United Sta	tes?
,,-		,,		
Salary Requ	ired		Are you under 18 years of ag	ge?
Have vou p	reviously applied for emplo	vment with RSI? If ves. whe	n?	
, ,	,	, ,		
Have you p	reviously been employed b	y RSI? If yes, when?		
How did yo	u hear about employment	with RSI?		
Please list t	he names of any family me	mbers currently working at I	RSI	
			ed no contest to a crime? Yes	
•	e any criminal charges pend	-		No
		estions, please explain		
Conviction	does not necessarily disqua	lify you from employment, f	alse statements do.	

## EDUCATION

Please list all secondary and post-secondary education.										
SCHOOL	NAME AND ADDRESS	COURSE OF STUDY		ST Y OMP			DID Y GRADI	'OU UATE?	DIPLOMA OR DEGREE	
HIGH SCHOOL			1	2	3	4	yes	no		
COLLEGE			1	2	3	4	yes	no		
OTHER			1	2	3	4	yes	no		
OTHER			1	2	3	4	yes	no		

Please indicate which computer/software skills you have:						
	WordExcel				Access	_
Please indicate any professional organizations you belong to and certifications and/or designations you have obtained:						

## PRESENT AND PRIOR EMPLOYMENT HISTORY

Starting with your current or most recently employer, please list below all employment for the last 10 years. You may attach an additional sheet if necessary. It is necessary to complete this section even if you have provided a resume.

## \*Phone numbers required for current and previous employers

City and State:	Name of Employer:		May we contact: Yes No
Duties/Responsibilities:To:To:Starting Salary: Reason for Leaving: Ending Salary: Name of Employer: May we contact: Yes No City and State:Telephone Number: Job Title:Supervisor: Duties/Responsibilities: Reason for Leaving:To: Starting Salary: Name of Employer: May we contact: Yes No City and State:To: Ending Salary: Name of Employer: May we contact: Yes No City and State: Ending Salary: Duties/Responsibilities: Name of Employer: May we contact: Yes No City and State: Telephone Number: Duties/Responsibilities: Duties/Responsibilities: Duties/Responsibilities: City and State: To: Starting Salary: May we contact: Yes No City and State: To: Ending Salary: Name of Employer: May we contact: Yes No City and State: Ending Salary: Name of Employer: Kay we contact: Yes No City and State: Supervisor: Duties/Responsibilities: Duties/Responsibilities: Duties/Responsibilities: Duties/Responsibilities: Dates of Employment From:To: Supervisor: Duties/Responsibilities: Dates of Employment From:To:Starting Salary: Duties/Responsibilities:	City and State:	Telephone N	umber:
Dates of Employment From:     To:     Starting Salary:	Job Title:	Supervisor:	
Reason for Leaving:     Ending Salary:       Name of Employer:     May we contact: Yes       Job Title:     Supervisor:       Duties/Responsibilities:     Ending Salary:       Name of Employer:     To:       Starting Salary:     Ending Salary:       Name of Employeer:     May we contact: Yes       Name of Employer:     May we contact: Yes       Name of Employeer:     May we contact: Yes       Name of Employeer:     May we contact: Yes       Name of Employeer:     Supervisor:       Duties/Responsibilities:     Supervisor:       Duties/Responsibilities:     Ending Salary:       Name of Employeer:     To:       Supervisor:     Ending Salary:       Job Title:     Supervisor:       Duties/Responsibilities:     Ending Salary:       Name of Employeer:     May we contact: Yes       Name of Employeer:     Supervisor:       Duties/Responsibilities:     Supervisor:       Duties/Res	Duties/Responsibilities:		
Name of Employer:     May we contact: Yes No       City and State:	Dates of Employment From:	To:	Starting Salary:
City and State:     Telephone Number:       Job Title:     Supervisor:       Duties/Responsibilities:     To:       Dates of Employment From:     To:       Reason for Leaving:     Ending Salary:       Name of Employer:     May we contact: Yes       No     City and State:       Job Title:     Supervisor:       Duties/Responsibilities:     Supervisor:       Duties/Responsibilities:     Supervisor:       Dates of Employment From:     To:       Supervisor:     Dates of Employment From:       To:     Supervisor:       Dates of Employer:     No       City and State:     To:       Supervisor:     Dates of Employer:       Name of Employer:     May we contact: Yes       Name of Employer:     Supervisor:       Duties/Responsibilities:     Supervisor:       Dates of Employment From:     Supervisor:       Dates of Employment From:     To:     Starting Salary:       Dates of Employment From:     To: <t< td=""><td>Reason for Leaving:</td><td></td><td> Ending Salary:</td></t<>	Reason for Leaving:		Ending Salary:
City and State:     Telephone Number:       Job Title:     Supervisor:       Duties/Responsibilities:     To:       Dates of Employment From:     To:       Reason for Leaving:     Ending Salary:       Name of Employer:     May we contact: Yes       No     City and State:       Job Title:     Supervisor:       Duties/Responsibilities:     Supervisor:       Duties/Responsibilities:     Supervisor:       Dates of Employment From:     To:       Supervisor:     Dates of Employment From:       To:     Supervisor:       Dates of Employer:     No       City and State:     To:       Supervisor:     Dates of Employer:       Name of Employer:     May we contact: Yes       Name of Employer:     Supervisor:       Duties/Responsibilities:     Supervisor:       Dates of Employment From:     Supervisor:       Dates of Employment From:     To:     Starting Salary:       Dates of Employment From:     To: <t< td=""><td></td><td></td><td></td></t<>			
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Duties/Responsibilities:	City and State:	Telephone N	umber:
Dates of Employment From:     To:     Starting Salary:       Reason for Leaving:     Ending Salary:	Job Title:	Supervisor:	
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Name of Employer:     May we contact: Yes No       City and State:     Telephone Number:       Job Title:	Dates of Employment From:	To:	Starting Salary:
City and State:     Telephone Number:       Job Title:     Supervisor:       Duties/Responsibilities:     Starting Salary:       Dates of Employment From:     To:       Reason for Leaving:     Ending Salary:       Name of Employer:     May we contact: Yes       No     City and State:       Job Title:     Supervisor:       Dates of Employment From:     Telephone Number:       Supervisor:     No       Supervisor:     Supervisor:       Dates of Employment From:     To:       Supervisor:     Supervisor:       Supervisor:     Supervisor:       Dates of Employment From:     To:       Supervisor:     Starting Salary:       Dates of Employment From:     To:       Starting Salary:     Starting Salary:	Reason for Leaving:		Ending Salary:
City and State:     Telephone Number:       Job Title:     Supervisor:       Duties/Responsibilities:     Starting Salary:       Dates of Employment From:     To:       Reason for Leaving:     Ending Salary:       Name of Employer:     May we contact: Yes       No     City and State:       Job Title:     Supervisor:       Dates of Employment From:     Telephone Number:       Supervisor:     No       Supervisor:     Supervisor:       Dates of Employment From:     To:       Supervisor:     Supervisor:       Supervisor:     Supervisor:       Dates of Employment From:     To:       Supervisor:     Starting Salary:       Dates of Employment From:     To:       Starting Salary:     Starting Salary:			
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Reason for Leaving:	Duties/Responsibilities:		
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City and State:	Reason for Leaving:		Ending Salary:
City and State:			
Job Title:    Supervisor:       Duties/Responsibilities:	Name of Employer:	N	/lay we contact: Yes No
Duties/Responsibilities:	City and State:	Telephone N	umber:
Dates of Employment From: To: Starting Salary:	Job Title:	Supervisor:	
	Duties/Responsibilities:		
Reason for Leaving: Ending Salary:	Dates of Employment From:	To:	Starting Salary:
			Fueling Colony

www.RobbStucky.com

## ADDITIONAL INFORMATION

Please list any other relevant information pertaining to your education and or work/volunteer experience.

## PROFESSIONAL REFERENCES (DO NOT INCLUDE RELATIVES)

1.				
	Name	Company	Telephone Number	
2.				
	Name	Company	Telephone Number	
3				
	Name	Company	Telephone Number	

## CONDITIONS OF EMPLOYMENT

- 1. I understand that failure to complete this application may delay or prevent processing.
- 2. The information provided is true and factual. I understand that any false information, including omissions, will disqualify me for employment. If I have been offered employment, the offer of employment will be withdrawn. If I am currently employed, my employment will be terminated.
- 3. I give Robb & Stucky International permission to contact my former employers for reference information pertaining to my past employment. I agree to hold harmless both Robb & Stucky International and past employers for any information provided in the course of conducting reference checks to consider my suitability for employment.
- 4. I understand that Robb & Stucky International is an "at-will" employer, and as such, both the organization and I are free to terminate the employment relationship at any time, with or without cause, with or without notice.
- 5. I understand that I may be asked to work days, hours, or other locations other than those initially indicated at the time of hire.
- 6. Upon termination of employment, I will be required to return any company property, prior to the release of my final paycheck.

I have read the above and agree to abide by the Conditions of Employment and all policies of Robb & Stucky International during the course of my employment.

Applicant Signature

Date

If a Robb & Stucky employee referred you, please indicate employee's name here.