

# RCTV, LP.

RCTV, LP. does not have workers' compensation insurance coverage to protect you from damages because of work related illness or injury.

RCTV, LP. no esta cubierto por aseguranza de compensacion al trabajador para protejerlo/la de danos causados por enfermeda o lesiones relacionados a su empleo.

## APPLICATION FOR EMPLOYMENT

### PERSONAL

First Name : \_\_\_\_\_ M. I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip \_\_\_\_\_ Yrs \_\_\_\_\_

Previous Address: \_\_\_\_\_ City, St, Zip \_\_\_\_\_ Yrs \_\_\_\_\_

SS# \_\_\_\_\_ Telephone # \_\_\_\_\_

How did you find out about this job? [ ] Newspaper [ ] Referral [ ] Other \_\_\_\_\_

If hired, do you have a reliable means of transportation? [ ] Yes [ ] No

Salary desired: \_\_\_\_\_ Least acceptable salary: \_\_\_\_\_

Proof of identification and eligibility will be required upon hiring.

Are you at least 18 years of age? [ ] Yes [ ] No County of Residence: \_\_\_\_\_

### EMPLOYMENT DATA

Are you seeking [ ] Temporary, [ ] Full Time, [ ] Part Time

Position(s) for which you are applying: \_\_\_\_\_

What hours would you be able to work?

	SUN	MON	TUE	WED	THR	FRI	SAT
FROM:							
TO:							

Are you willing to work overtime? [ ] Yes [ ] No

Experience, special skills, or training you may have \_\_\_\_\_

Are you currently employed? [ ] Yes [ ] No When would you be available for work? \_\_\_\_\_

Have you worked for this organization before [ ] Yes, [ ] no. If yes, by what name, when and where: \_\_\_\_\_

Are you on layoff, and subject to recall? [ ] Yes, [ ] No

How many days have you missed from school or work within the last 12 months? \_\_\_\_\_

### EDUCATION (Please circle highest level attained)

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 6

Name and city of school: \_\_\_\_\_

Name and city of college: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

If currently enrolled in high school, are you in a recognized co-op program? (de, voe, cva) [ ] Yes, [ ] No

If yes, identify program and school: \_\_\_\_\_

### MILITARY SERVICE

Are you a veteran? [ ] Yes, [ ] No. If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

### WORK HISTORY (Please begin with present or last employer)

1. Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Give specific reasons for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

**WORK HISTORY** (Please continue)

2. Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Give specific reasons for leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_

3. Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Give specific reasons for leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_

4. Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Give specific reasons for leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_

Names and Day Time Phone Numbers of at least 3 Personal References (Not Relatives)  
\_\_\_\_\_  
\_\_\_\_\_

Why are you seeking a new position at this time? \_\_\_\_\_

What is the job you have enjoyed most and why? \_\_\_\_\_

List any outside interests including organizations you are active in \_\_\_\_\_

Bonding and money handling security policies require that we ask if you have ever been convicted of a felony [ ] Yes [ ] No  
Bonding and money handling security policies require that we ask if you have ever been convicted of a felony or a misdemeanor resulting in imprisonment [ ] Yes, [ ] No  
If yes, state the nature of the offense of the case. Include dates and places: \_\_\_\_\_

Note: Felony convictions or the existence of a criminal record does not constitute and automatic bar to employment

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements shall be grounds for immediate dismissal. I authorize investigation by RCTV, LP. or its representatives of all statements and references contained herein, and release all parties from all liability for any damage that may result from furnishing said information to you. I have read and understand the above.

I further understand employment with this company is at will. RCTV, LP. or I can terminate my employment for any reason or no reason at all.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY DRIVERS ONLY**

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_

I understand that a substance abuse test will be required prior to my employment. I further understand that random testing for substance abuse will be conducted following my employment. I have received a copy of the substance abuse policy and understand the terms thereof.

Signature: \_\_\_\_\_ Date \_\_\_\_\_