

RED ROSE INTERIOR, INC.
APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

This application valid for 90 days.

Application not valid unless completed under supervision of authorized company representative.

Position(s) Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____

Have you lived at above address for three or more years? Yes _____ No _____

Previous Address _____

List other name(s) under which you were employed or attended school _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ___ No ___

Note: Proof of citizenship or immigration status will be required upon employment. (An I-9 form must be completed.)

How did you learn about us? _____ Advertisement _____ Employment Agency
_____ Friend/Relative _____ Other

Have you ever filed an application with us before? Yes _____ No _____ If yes, give date _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or a felony such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or of any other crime involving honesty? (An affirmative answer will not necessarily preclude employment.) Yes ___ No ___

If yes, give date, place, charge, and disposition _____

Note: A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34. Employees may be required to complete Pennsylvania Child Abuse History Clearance forms as required by Act 151.

Do you have any limitations regarding hours that you can work? Yes _____ No _____

If yes, explain _____

Do you have any travel restrictions? Yes _____ No _____

If yes, explain _____

Do you have a current Driver's License? Yes _____ No _____

If yes: State _____ License No. _____ Class _____ Expiration Date _____

Do you have transportation? Yes _____ No _____

List all moving motor violations (other than parking) for the last three years _____

Do you have a current:

First Aid Certification Yes ___ No ___ Exp. Date _____ Certifying Agency _____

CPR Certification Yes ___ No ___ Exp. Date _____ Certifying Agency _____

OSHA 10 Hour Construction Safety Certification Yes _____ No _____

U.S. Military Service

Branch of Service _____ Length of Service _____ Rank/Rate At Discharge _____

Are you a member of the Armed Services Reserve? Yes _____ No _____

Do you have any friends or relatives employed by this company? Yes _____ No _____

If yes, list names _____

When are you available for work _____ Wage desired _____

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you fully able, with or without reasonable accommodation, to perform the essential functions of the job for which you applied? Yes _____ No _____

Describe how you would perform the job with or without a reasonable accommodation _____

EDUCATION	Name and Address of School	Course of Study	Yrs. Completed	Diploma/Degree
High School or GED				
College				
Trade School				
Apprenticeship				
Military				
Correspondence				
Other (Specify)				

EMPLOYMENT EXPERIENCE: (If you need additional space, please continue on a separate sheet of paper.)

Start with your present or last job. Include all employment and be complete, including any job-related military service assignments and volunteer activities. You may exclude organizations that indicate age, race, color, religion, gender, national origin, disability or other protected status.

Employer Name _____ Telephone No. _____

Employer Address _____

Start Date _____ Starting Salary/Wage _____ Starting Position _____

End Date _____ Ending Salary/Wage _____ Position at Time of Leaving _____

Name and Title of Supervisor _____

Reason for Leaving _____

Brief Description of Your Responsibilities _____

Employer Name _____ Telephone No. _____

Employer Address _____

Start Date _____ Starting Salary/Wage _____ Starting Position _____

End Date _____ Ending Salary/Wage _____ Position at Time of Leaving _____

Name and Title of Supervisor _____

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Name and Title of Supervisor _____

Reason for Leaving _____

Brief Description of Your Responsibilities _____

Comments: (Include explanation of any gaps in employment.) _____

List professional, trade, business civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

References: (Do not list relatives or employers.)

Name	Address	Telephone

Important Authorization and Understanding

- Completeness and accuracy of information.** I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that if I am hired, any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.
- Authorization for release of information and release from liability.** I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.
- Employment at will.** I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.
- No written, oral or implied contracts.** I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.
- Benefits may be altered.** I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the Company.
- I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company.** I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.
- If an employment relationship is established. I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.**

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature: _____ Date: _____