



# RPR CONSTRUCTION COMPANY INC. APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name                      First                      Middle			Date
	Street Address			Home Phone (    )
	City, State, Zip			Business Phone (    )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Month and Year                      Location			Social Security No.
	Position Desired			Pay Expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, what hours can you work?			Will you work overtime is asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin?
	Other special training or skills, languages, machine operation, etc.			

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College					
	High					
	Elementary					
	Other					

ADDRESSES	LIST ALL LOCATIONS WHERE YOU HAVE LIVED IN THE PAST 7 YEARS		
	From	To	City, County, State
	From	To	City, County, State
	From	To	City, County, State
From	To	City, County, State	



## EMPLOYMENT HISTORY

**1 First Most Recent Company Name**

Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_

**2 Second Most Recent Company Name**

Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_

**3 Third Most Recent Company Name**

Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_

We may contact the employers listed above unless  
You indicate those you do not want us to contact.

Telephone

( ) \_\_\_\_\_

Employed-Month & Year: \_\_\_\_\_

Weekly Pay:

Start \_\_\_\_\_ Last \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone:

( ) \_\_\_\_\_

Employed Month & Year: \_\_\_\_\_

Weekly Pay:

Start \_\_\_\_\_ Last \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone:

( ) \_\_\_\_\_

Employed Month & Year: \_\_\_\_\_

Weekly Pay:

Start \_\_\_\_\_ Last \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**DO NOT CONTACT:**

Employer # \_\_\_\_\_

Reason \_\_\_\_\_

Please read the following statements carefully prior to signing this Application.

I, \_\_\_\_\_ hereby apply for employment with  
\_\_\_\_\_ (hereinafter referred to as Employer).

I specifically verify that all the information provided in this Application for Employment is true, complete and correct.

I understand and agree that the omission or misrepresentation of any fact in the application for employment will be sufficient reason for Employer to deny me employment. I also understand and agree that should I become employed by Employer and it is later discovered I have omitted or misrepresented any fact in this application for employment in any supplement thereto, or any other corporate record. Employer may immediately terminate my employment upon discovery of such omission or misrepresentation. I will abide by the safety rules of this company. If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

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

Printed Name: \_\_\_\_\_

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



## DRUG AND ALCOHOL TESTING CONSENT FORM

RPR Construction Company, hereinafter referred to as "Company", has a policy against drug and alcohol abuse and reserves the right to screen its employees and applicants for employment as an enforcement measure in providing a safe, healthy and productive working environment.

1. By my signature below, I am freely and voluntarily agreeing and consenting to submit a personal specimen of urine and /or blood for chemical analysis and testing to determine or rule out the presence of illegal, abused or prohibited drugs/alcohol or substances in my body fluids.
2. I hereby authorize the Company's duly appointed collection facility, or Company and testing laboratory, and their personnel, to obtain, process and test the specimen and to release the results of the analysis and test to the Company, or any of its agents, for employment purposes. Said information will be handled as confidentially as is reasonably possible, shared only on "need to know" basis.
3. I understand a documented chain of custody exists to ensure the identity and integrity of my specimen throughout the collection and testing process.
4. As an applicant, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute voluntary withdrawal of my application for employment and no further consideration shall be given. As an employee, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute a violation of Company policy and I will be subject to disciplinary action up to and including termination of employment.

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

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Social Security Number:

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

\_\_\_\_\_  
Witness Signature:

\_\_\_\_\_  
Witness Printed Name: