



Federal law obligates us to provide reasonable accommodations to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

APPLICATION FOR EMPLOYMENT

This application is good for 60 days.

Social Security # _____	Date: _____
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NAME: _____
LAST
FIRST
INITIAL

ADDRESS: _____ EMAIL: _____

CITY
STATE
ZIP

Position Applied For: _____ Home Phone: _____ Cell: _____

Have you filed an application here before? If yes, give date: _____

Have you ever been employed here before? If yes, give date: _____

Are you employed now?

May we contact your present employer?

Salary Expected: _____ Hours Available: _____ Date Available: _____

Are you available to work:

Are 18 years of age or older?

Are you prevented from lawfully becoming employed in this country?

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Have you been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify the applicant from employment.
 The recency, severity, and pertinence of the conviction to the job will be considered.)

If yes, please explain _____

Applicant are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Education History	Name & Location	Degree	Years Completed
High School			9 10 11 12
University / College			1 2 3 4
Other			1 2 3 4

Honors received: _____

Employment History (most current first)

Employer:	Job Title:
Address:	Duties:
Phone:	Reason For Leaving:
Employed From: To:	Salary:
Employer:	Job Title:
Address:	Duties:
Phone:	Reason For Leaving:
Employed From: To:	Salary:
Employer:	Job Title:
Address:	Duties:
Phone:	Reason For Leaving:
Employed From: To:	Salary:

List professional, trade, business, or civic activities and offices you held. (You may exclude those which indicate race, color, disability, religion, sex or national origin) _____

Skills

- Calculator PC MACINTOSH WPM _____ Other _____
 Sales Inventory Adobe CorelDraw Microsoft Office

Other special skills and qualifications, including those acquired from employment or other experience:

State any additional information you feel may be helpful to us in considering your application:

References

Name	Occupation	Telephone
1		
2		
3		

APPLICANT'S STATEMENT

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

Rixstine Recognition may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATION TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND RIXSTINE RECOGNITION IS TERMINABLE-AT-WILL SO THAT BOTH RIXSTINE RECOGNITION AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by Rixstine Recognition, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required. I authorize Rixstine Recognition to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all person, companies, and corporations supplying such information. I also indemnify Rixstine Recognition against any liability which might result from making such investigation.

Additionally, I authorize Rixstine Recognition to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the company deems appropriate.

Signature of Applicant

Date

If you cannot electronically sign above,
please type your name below.

FOR OFFICE USE ONLY

Interviewer _____ Date _____

Comments: _____

Accepted

Not Accepted