

# RDM Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement                      Relative <input type="checkbox"/> Employment Agency                      Walk-in <input type="checkbox"/> Friend                      Other _____	

Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
City	State	Zip Code
Telephone Numbers (s)		

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

Have you ever filed an application with us before?                      Yes                      No

If Yes, give date \_\_\_\_\_

Have you ever been employed 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 prevented from lawfully becoming employed in this  
 Country because of Visa or Immigration Status?                      Yes                      No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be able to work?                      \_\_\_\_\_

Are you available to work: Fulltime                      Part Time                      Shift Work                      Temporary

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

Can you travel if a job requires it?                      Yes                      No

Have you been convicted of a felony within the last 7 years?                      Yes                      No

*Conviction will not necessarily disqualify an applicant from employment*

If Yes, please explain \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		<u>Dates Employed</u> From      To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting      Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From      To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting      Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From      To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting      Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From      To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting      Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Education

	Elementary School					High School				Undergraduate/College				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course Of Study																	
Describe any specialized Training apprenticeship, Skills and extra-curricular Activities																	
Describe any honors you Have received																	
State any additional Information you feel may Be helpful to us in Considering Your application																	

Indicate any foreign languages you can speak, read and / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# References

Give ***name, address and telephone number*** of three references who are not related to you and who are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job related training in the United States military?                      Yes                      No

If Yes, please describe: \_\_\_\_\_

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## **Applicant's Statement**

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

I authorize investigation of all the statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. Which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without a cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Please return your completed application to: RDM of Minnesota, Inc.  
703 1<sup>st</sup> Ave SE  
PO Box 669  
Dodge Center MN 55927  
Phone: (507) 374-2670