EMPLOYMENT APPLICATION

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

REFERRAL SOURCE: ☐ Advertisement ☐ Employee ☐ Relative ☐ Walk-In
☐ Government Employment Agency ☐ Private Employment Agency
☐ Other _____

Name of Source or Referred by (if applicable) _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ☐ YES ☐ NO

DATE OF APPLICATION
/ /

APPLICANT INFORMATION

NAME	LAST	FIRST	MIDDLE

ADDRESS	STREET	CITY	STATE	ZIP

TELEPHONE	MOBILE/OTHER PHONE	EMAIL

MAY WE CONTACT YOU AT WORK?	WORK NUMBER	BEST TIME TO CALL
☐ YES ☐ NO IF YES >		AM PM

IF YOU ARE UNDER 18 AND IT IS REQUIRED, CAN YOU FINISH A WORK PERMIT?

☐ YES ☐ NO IF NO, PLEASE EXPLAIN:

HAVE YOU EVER SUBMITTED AN APPLICATION AT ROTARY? (Includes our Divisions - Duramatic, Desert East, Desert Extrusion, etc.)

☐ YES ☐ NO IF YES, GIVE DATES: FROM / / TO / /

HAVE YOU EVER BEEN EMPLOYED FOR ROTARY? (Includes our Divisions - Duramatic, Desert East, Desert Extrusion, etc.)

☐ YES ☐ NO IF YES, GIVE DATES: FROM / / TO / /

POSITION APPLIED FOR:	DESIRED SALARY RANGE
	$
TYPE OF EMPLOYMENT DESIRED?	**DATE AVAILABLE FOR WORK**
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Work Based Learning	/ /
DAYS YOU WILL BE AVAILABLE FOR WORK	**ARE YOU ABLE TO MEET ATTENDANCE REQUIREMENTS OF THIS POSITION?**
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	☐ YES ☐ NO

WILL YOU RELOCATE IF JOB REQUIRES IT?	WILL YOU TRAVEL IF JOB REQUIRES IT?	WILL YOU WORK OVERTIME IF REQUIRED?
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER | **DATES EMPLOYED** FROM | TO

ADDRESS STREET | CITY | STATE | ZIP | **TELEPHONE #**

STARTING JOB TITLE | **STARTING HOURLY RATE / SALARY** $ | **SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES**

FINAL JOB TITLE | **FINAL HOURLY RATE / SALARY** $

REASON FOR LEAVING | **IMMEDIATE SUPERVISOR AND TITLE** | **MAY WE CONTACT FOR REFERENCE?** ☐ YES ☐ NO ☐ LATER

EMPLOYER | **DATES EMPLOYED** FROM | TO

ADDRESS STREET | CITY | STATE | ZIP | **TELEPHONE #**

STARTING JOB TITLE | **STARTING HOURLY RATE / SALARY** $ | **SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES**

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FINAL JOB TITLE | **FINAL HOURLY RATE / SALARY** $

REASON FOR LEAVING | **IMMEDIATE SUPERVISOR AND TITLE** | **MAY WE CONTACT FOR REFERENCE?** ☐ YES ☐ NO ☐ LATER

COMMENTS:

Including explanation of any gaps in employment.

SKILLS & QUALIFICATIONS:

Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

(if job related)

A. List last three (3) schools, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. # OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held.
EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

ACCOMPLISHMENTS PUBLICATIONS AWARDS

List special accomplishments, publications, awards, etc.
EXCLUDE MEMBERSHIP THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ADDITIONAL INFORMATION

List any additional information you would like us to consider.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Rotary Corporation is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from Rotary Corporation's service.

I expressly authorize, without reservation, Rotary Corporation, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Rotary Corporation does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Rotary Corporation reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Rotary Corporation is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Rotary's president.

I also understand that if I am offered employment, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an Employee Eligibility Form in this regard.

SUBSTANCE ABUSE TESTING

Effective January 1, 1994, all job applicants at Rotary Corporation will undergo testing for the presence of alcohol or illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment.

Applicants will be required to submit voluntarily to a drug screening test and by signing a consent agreement will release Rotary Corporation from liability.

If the official or lab personnel have reasonable suspicion to believe the job applicant has tampered with the specimen, the applicant will not be considered for employment.

Rotary Corporation will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that this company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months; but they must present themselves drug free as demonstrated by screening tests selected by this company.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____/_____/_____