

# Rexco Equipment Inc.

## APPLICATION FOR EMPLOYMENT

(ie: Admin., IT, Accounting, HR, Parts)

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, sexual orientation, gender identity or other protected classifications.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Street City State Zip Code*

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you over 18 Year of Age? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? YES \_\_\_\_\_ NO \_\_\_\_\_

*Note: If hired, you will be required to furnish proof of U.S. citizenship or your authorization to work in the U.S. as specified under applicable U.S. immigration laws.*

POSITION(S) APPLIED FOR 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wages/Salary desired \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

Can you travel if the job requires it? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Have you ever worked for this company? YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, specify under what names you worked:)

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? YES \_\_\_\_\_ NO \_\_\_\_\_

Can you perform these essential functions with, or without, reasonable accommodation? YES \_\_\_\_\_ NO \_\_\_\_\_

*If you have questions about the essential functions of the job ask the interviewer before answering this question.*

Are there any hours, shifts or days you cannot or will not work? YES \_\_\_\_\_ NO \_\_\_\_\_

Employment Status preferred: Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_

Are you willing to work overtime as required? YES \_\_\_\_\_ NO \_\_\_\_\_

*Rexco Equipment, Inc. requires pre-employment drug testing of applicants. A copy of the substance abuse policy is available upon request.*

**Have you ever been convicted of a felony (including a plea of guilty or "no contest") under your current name or any other name? Have you been convicted of a misdemeanor (including a plea of guilty or "no contest") under your current name or any other name within the past 7 years? (Note: Conviction or plea will not necessarily result in your being denied employment.) Write the word YES or NO (do not print or type). If yes, give date, name, and court, nature of offense and disposition.**

The answer to the above question is: \_\_\_\_\_

If Yes, give date, name, court, nature of offense and disposition:

Date	Name	Court	Nature of Offense	Disposition

**EDUCATION: NAME & LOCATION, MAJOR, DIPLOMA/ DEGREE OF SCHOOL GRADUATED**

High School \_\_\_\_\_

College/Univ. \_\_\_\_\_

College/Univ. \_\_\_\_\_

Other Training/Education \_\_\_\_\_

\_\_\_\_\_ In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

**WORK HISTORY:** May we contact your present employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Most-Recent Employer: \_\_\_\_\_

Most-Recent Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Salary on leaving: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Position on Leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\* \* \* \* \*

Previous Employer: \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Salary on leaving: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Position on Leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\* \* \* \* \*

\* \* \* \* \*

Previous Employer: \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Salary on leaving: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Position on Leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\* \* \* \* \*

Previous Employer: \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Salary on leaving: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Position on Leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\* \* \* \* \*

Previous Employer: \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Salary on leaving: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Position on Leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\* \* \* \* \*

\* \* \* \* \*

Previous Employer: \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Salary on leaving: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Position on Leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**DRIVING HISTORY:**

If the position you are applying for involves the driving of a vehicle or equipment which requires a license:

Do you have a valid license? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

If yes, please specify the type of license: Operators License \_\_\_\_\_ Commercial Drivers License \_\_\_\_\_

List the following: License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had a motor vehicle accident or moving violation in the past 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain (Include dates, offense, location, type of vehicle operated) \_\_\_\_\_

**CRAFT TRAINING/EXPERIENCE:** Complete this section if job applying for is a craft trade, ie: mechanic.

What types and makes/models of construction equipment can you operate or repair? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any craft training programs in which you have participated? \_\_\_\_\_

Do you have your own craft tools? YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statements, omissions, or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability.

I understand that employment at this company is "at-will," which means that either I, or the Company, can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the President in a signed writing has any authority to alter the foregoing.

*Date:* \_\_\_\_\_ *Applicant's Signature:* \_\_\_\_\_