

Application for Employment:			
Applicant Information:			
Date of Application:	Position Applied For:		
How did you hear about us?:			
Name:Last	First	Middle	
Home Phone:	Cell Phone:		
Email Address:			
Current Address:			
Street Address	City/State	Zip Code	

Instructions:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

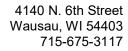
- 1. Please thoroughly read all statements contained in this Application form.
- 2. Complete all pages of this form completely and accurately.
- 3. Print or type clearly. Incomplete or illegible applications will be rejected.
- 4. Do not fill out any other attached forms unless and until instructed.

Applicant Note:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after 60 days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

Equal Employment Opportunity:

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, religion, sex, pregnancy, citizenship, national origin, age, disability, military service, veteran status, genetic information, union membership, creed, marital status, ancestry, sexual orientation, or any other category that may be protected by law.





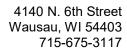
Availability:				
Are you legally authorized to wor	k in the United	States? □ Yes □ I	No	
Can you provide proof of eligibilit	y to work? 🗖 Y	′es □ No		
Are you under the age of 18?	Yes □ No			
Are you currently employed?	∕es □ No			
On what date can you start?				
Can you travel if a job requires it	? □ Yes □ No	1		
What job category would you prefer? □ Full-time □ Part-time □ Temporary □ On Call/Casual			n Call/Casual	
For what schedules would you be available?				
Education:]			
Please list highest grade level co	mpleted:			
NAME High School		CITY	//STATE	DEGREE EARNED
Tigit ochool				
College				
Graduate				
Other				
Job Related Skills:				
Have you had the requirements of	of the job explain	ned to you? 🔲 Yes	s □ No	
Do you understand these require	ments? 🔲 Ye	s 🗆 No		
Can you perform the requiremen	ts of this job wit	h or without reasona	ble accommodation?	☐ Yes ☐ No
If the job requires you to drive, ar	nswer the follow	ing question and pro	ovide the corresponding	information:
Do you have the appropriate valid driver's license? ☐ Yes ☐ No				
DL#			State of Issue:	
Endorsements:				



Employment History:

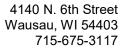
Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

	Are you currently working for this employer? ☐ Yes ☐ No If yes, may we contact your current employer? ☐ Yes ☐ No			
ER				()
MOST RECENT EMPLOYER	Company Name	City	State	Phone Number
	From (month/yr)	To (month/yr)		
Į E	Dates Employed		Supervisor's Na	ame/Number
EN				
ŒC	Job Title			
ST F				
MOS	Duties			
	Reasons for Leaving			·
	Rodoono for Louving			
	Company Name	City	State	() Phone Number
INT	-	-	Otate	i none Number
ECE	From (month/yr) Dates Employed	To (month/yr)	Supervisor's Na	amo/Numbor
T RI YER	Dates Employed		Oupervisor s ive	ille/Nullibei
LOS	Job Title			
ND MOST REEMPLOYER				
SECOND MOST RECENT EMPLOYER	Duties			
SE				
	Reasons for Leaving			
CENT EMPLOYER				()
LO	Company Name	City	State	Phone Number
MP	From (month/yr) Dates Employed	To (month/yr)		
Ţ	Dates Employed		Supervisor's Na	ame/Number
CEN				
RE	Job Title			
JST	Duties			
THIRD MOST RE	Duties			
IIRE	Reasons for Leaving			
Ė	Reasons for Leaving			





Professional References:		
Include only individuals familiar with your wo	ork capabilities. Do not include relatives	
NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		
Job Related Experience:		
-	Sala malada di ambia da asar Sala asar da di	and the state of t
Please list any other skills that may be j organization.	ob-related or that you feel would it	be of value to this job or our
g		
		
		
Training or Licensing Certificates:		
Training or Licensing Certificate:	Name of Trai	iner Date of Training
Union Affiliation:		
Are you a mambar of a Union?	D No.	
Are you a member of a Union? ☐ Yes	■ INO	
ISV Nove of Uni		
If Yes, Name of Union:		





Authorization and Certification:

I understand that background, drug, or medical testing may be conducted on me as part of the application process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results. I understand that if I do not authorize such persons to release background information or test results that my application for employment may be rejected.

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I understand that if I am hired, my employment shall be "at-will," and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

Applicant Name: (Please Print):	
Signed	
Datad	
Dated	



Motor Vehicle Record Disclosure and Release Form:

In connection with my ongoing employment or my application for employment, should I have or secure a position with River View Construction and River View Transport, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the abovementioned information to Klinner Insurance or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment.

River View Construction and River View Transport's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

(Full Legal Name (include middle initial)	Social Security Number
Driver's License Number	State of Issuance
Date of Birth	
Signature	Date