

**RPM Innovations, Inc. Application for Employment**  
**AN EQUAL OPPORTUNITY EMPLOYER**

Please mail, fax, or e-mail inquiries to: Attn: Personnel Dept. RPM Innovations, Inc. 333 Concourse Drive Rapid City, SD 57703 Fax: 605-348-7848 E-mail: <a href="mailto:Personnel@RPM-Innovations.com">Personnel@RPM-Innovations.com</a>	<b>Employment Information On-line</b> <a href="http://www.rpm-innovations.com/employment">www.rpm-innovations.com/employment</a>
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**PERSONAL INFORMATION**

NAME (LAST, FIRST MIDDLE)	
SOCIAL SECURITY NO.	NOTE: Social Security Number not collected at this time. Please obtain during the interview process.
PRESENT ADDRESS	
PERMANENT ADDRESS	
PHONE NO.	
EMAIL	
REFERRED BY	
DRIVER'S LICENSE NUMBER IF REQUIRED FOR JOB	NUMBER: STATE: NOTE: Driver's License information not collected at this time. Please obtain during the interview process.

**EMPLOYMENT DESIRED**

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
TYPE OF EMPLOYMENT DESIRED	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op	
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHEN?
HAVE YOU EVER FILED AN APPLICATION HERE BEFORE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHEN?
ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU OVER 18 YEARS OF AGE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOW DID YOU LEARN ABOUT US?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOU TRAVEL IF JOB REQUIRES IT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOU WORK OVERTIME IF REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOU WORK SHIFTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ARE YOU ABLE TO OBTAIN A PASSPORT/VISA FOR TRAVEL IF REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

## Employment History

List your last four (4) employers starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

<b>Employer #1 (Most Recent)</b>	Telephone ( ) -	Dates Employed FROM TO	Summary of work
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ PER	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	
<b>Employer #2</b>	Telephone ( ) -	Dates Employed FROM TO	Summary of work
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ PER	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	
<b>Employer #3</b>	Telephone ( ) -	Dates Employed FROM TO	Summary of work
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ PER	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	
<b>Employer #4</b>	Telephone ( ) -	Dates Employed FROM TO	Summary of work
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ PER	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	

Comments (including explanation of gaps in employment)

**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

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## Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any and year it was earned. D. Grade Point Average or Class Rank and, E. major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) and check box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

## References

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

Name	EMAIL	Telephone	Years Known
		( ) -	
		( ) -	
		( ) -	

In case of  
Emergency Notify

Name

Address

Phone No.

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

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List any additional information you would like us to consider.

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**Agreement**

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

It is understood and agreed upon that any offer of employment will be contingent on the following:

- 1. Passing a pre-employment drug screen.
- 2. Acceptable background check.
- 3. Acceptable motor vehicle report.
- 4. Completion of a post-offer medical questionnaire.
- 5. When applicable, completion of a post-offer functional job assessment.
- 6. When applicable, completion of a Department of Transportation Physical.
- 7. Proof of U.S. Citizenship or immigration status will be required.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_