

This application is to be completed by the applicant only.

Qualified candidates are considered for all positions without regard to race, color, religion, age, sex, national origin, disability, marital or veteran status, or any other status protected by applicable federal, state or local laws.

Note: Application will not be given active consideration after 60 days. Applicant should reapply after that time.

Date of Application: _____ What RheoVest company are you applying to? _____

Position(s) Applied for: _____ Desired Pay: _____

Referral Source: Job Posting Walk-In Current Employee Friend/Relative

Name of Referral Source: _____

APPLICANT INFORMATION

Name: _____ SSN: _____

_____ *Last* _____ *First* _____ *Middle*

Date of Birth (MM/DD/YYYY): _____ Email Address: _____

Home Address: _____

_____ *Street* _____ *City* _____ *State* _____ *Zip*

Drivers License Number: _____ Class: _____ State: _____ Expiration: _____

Have you ever filed an application with a RheoVest company before? YES NO

If yes, dates: _____ Which Company/District? _____

Have you ever been employed with a RheoVest company? YES NO

If yes, dates _____ Which Company/District? _____

Do you have documents that you can provide to the Company which establish (a) your identity and (b) that you are authorized to be employed in the United States? YES NO

Your legal status regarding your right to work in the U.S. is subject to verification and you will have to provide these documents to the Company immediately upon employment. Any offer of employment is conditioned up on proper proof of your lawful employment status.

Available to work? Full Time Part Time Shift Work Overtime

Are you on a layoff and subject to recall? YES NO

Can you travel if required? YES NO

Do any of your friends/relatives currently work for a RheoVest company? YES NO

If YES, list name (s): _____

Have you ever been convicted of or plead guilty to, any crimes (including crimes committed during Military service)? *Conviction of a crime or indictment will not necessarily disqualify you from employment. If you answered YES, please describe the details of the date, nature and place of the offense and the sentence received:* YES NO

MILITARY SERVICE

Are you a veteran of the U.S. military service? YES NO Dates of Service: _____ to _____

Rank at time of discharge? _____

EMPLOYMENT HISTORY

List each job held within the last ten years. Start with your present or last job. Include military service assignments, volunteer activities and periods of unemployment.

May we contact your present employer? YES NO Do not contact now, you may contact at a later date to verify employment

| | | | | | |
|--|--|--------------------|--|---------------|------------|
| 1. Employer: | | Date of Employment | | to | |
| | | (month/year): | | | |
| Address: | | | | | |
| <i>Street</i> | | <i>City</i> | | <i>State</i> | <i>Zip</i> |
| Job Title: | | Supervisor: | | Phone Number: | |
| Work Performed: | | | | | |
| Hourly Pay/Salary: | | Starting: | | Final: | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) issued by the U.S. Department of Transportation (DOT), during your employment? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was your job designated as a safety-sensitive function in any (DOT) regulated mode subject to alcohol & controlled substance testing requirements as required by 49 C.F.R. Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Reason for leaving? | | | | | |

| | | | | | |
|--|--|--------------------|--|---------------|------------|
| 2. Employer: | | Date of Employment | | to | |
| | | (month/year): | | | |
| Address: | | | | | |
| <i>Street</i> | | <i>City</i> | | <i>State</i> | <i>Zip</i> |
| Job Title: | | Supervisor: | | Phone Number: | |
| Work Performed: | | | | | |
| Hourly Pay/Salary: | | Starting: | | Final: | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) issued by the U.S. Department of Transportation (DOT), during your employment? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was your job designated as a safety-sensitive function in any (DOT) regulated mode subject to alcohol & controlled substance testing requirements as required by 49 C.F.R. Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Reason for leaving? | | | | | |

Interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

3. Employer: _____ Date of Employment _____ to _____
(month/year):

Address: _____
Street City State Zip

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____

Hourly Pay/Salary: Starting: _____ Final: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) issued by the U.S. Department of Transportation (DOT), during your employment? YES NO

Was your job designated as a safety-sensitive function in any (DOT) regulated mode subject to alcohol & controlled substance testing requirements as required by 49 C.F.R. Part 40? YES NO

Reason for leaving?

4. Employer: _____ Date of Employment _____ to _____
(month/year):

Address: _____
Street City State Zip

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____

Hourly Pay/Salary: Starting: _____ Final: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) issued by the U.S. Department of Transportation (DOT), during your employment? YES NO

Was your job designated as a safety-sensitive function in any (DOT) regulated mode subject to alcohol & controlled substance testing requirements as required by 49 C.F.R. Part 40? YES NO

Reason for leaving?

5. Employer: _____ Date of Employment _____ to _____
(month/year):

Address: _____
Street City State Zip

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____

Hourly Pay/Salary: Starting: _____ Final: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) issued by the U.S. Department of Transportation (DOT), during your employment? YES NO

Was your job designated as a safety-sensitive function in any (DOT) regulated mode subject to alcohol & controlled substance testing requirements as required by 49 C.F.R. Part 40? YES NO

Reason for leaving?

Have you ever been discharged (fired) or asked or forced to resign from any employment? If yes, give details for each occurrence. YES NO

EDUCATION AND TRAINING

| School Name & Location | Graduate (yes or no) | Degree | Major or Hours |
|------------------------|----------------------|--------|----------------|
| High School | | | |
| College/University | | | |
| College/University | | | |

Describe Specialized training, apprenticeships, skills and job-related extra-curricular activities. Include safety certifications and training, such as Safeland, First Aid, OSHA, etc.

Awards/Honors Received:

READ AND UNDERSTAND BEFORE SIGNING

* I understand that employment with the Company is employment-at-will and may be terminated by either the employee or the Company, at any time without notice or for any or no reason. At will status can only be modified by an officer of the Company, and it must be modified in writing.

*I understand that my being hired is subject to verification of all information contained in this application or other pre-employment questionnaires or interviews, including but not limited to verification of ability to perform the essential functions of the position with or without reasonable accommodation and that I am of applicable lawful age and have legal right to remain in and to work in the United States as provided under applicable law. I agree to furnish such additional information and complete examinations as may be required to complete my employment file and to verify the information contained therein.

*I give my permission for and authorize all background checks, the investigation of all statements and information contained in this application, and any investigation that the Company deems necessary into my background, experience and qualifications, and authorize the Company to conduct any investigation, and release and hold the Company and its officers, employees, and agents harmless from any and all liability or claims for making or acting on any investigation. I give my permission and authorize any former employers and co-workers, references and anyone else the Company may contact to provide any and all information about me and release them from any and all liability or claims for doing so.

*I understand that an investigation of all matters concerning my past employment, credit, character or other activities will be conducted and my employment or continued employment will be subject to acceptable results of such investigation. I release from any and all liability and responsibility of all persons, companies, and corporations supplying such information and Company, agents and employees in obtaining the same.

*I understand that an offer of employment may be subject to completion of a satisfactory physical examination. I consent to taking such a medical examination and future medical examinations as may be required by the Company, to include a urinalysis, and any other form of testing, such as blood draw, hair follicle or fingernail testing, etc., to determine the presence of illegal substances within my body.

*I understand and agree that any false, misleading or incomplete information given in my application, interview(s) or other pre-employment questionnaires and procedures regardless of when discovered by the Company, will be sufficient basis for my disqualification for employment or, if employed, the termination of my employment with the Company. I agree that the Company shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.

*I hereby acknowledge that I have read and understand all of the information written above and agree to the terms herein.

Signature of Applicant:

Date:

We are proud to be a drug-free workplace.
