

1865 Pine Ridge Rd. SW, Jenison, MI 49428 616-457-2244

\*\*RMCC has a drug free work environment policy & reserves the right to test applicants\*\*

# **Employment Application**

PI FASE PRINT

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, sexual orientation and any other legally-protected status.

| Position(s) Applied           | For                   | Date of App           | lication   |                       |
|-------------------------------|-----------------------|-----------------------|------------|-----------------------|
|                               |                       |                       | 5.554      |                       |
|                               | i)                    |                       |            |                       |
| How did you learn a           | about the company?    | (Circle one)          |            |                       |
| Advertisement Recruiting Firm | Friend                |                       | Walk-In    |                       |
| Current Employee              |                       | Of                    | her:       |                       |
| odiront Employee              |                       |                       |            |                       |
| Last Name                     | First Nan             | ne ne                 |            | Middle Name           |
| Address: Number               | Street                | City                  | State      | Zip Code <sup>,</sup> |
| Telephone Number              | (s) where we can cont | act you:              |            |                       |
| - Drawn Arabi                 |                       | 3 - 4 - 1 - 2 - 4 - 2 | 1 m/2 /m 1 |                       |
| Home: ( )                     | Work: (               | )                     |            | Cell: ( )             |
|                               |                       |                       |            |                       |
| E-mail address:               | *                     |                       |            |                       |

| If position you are apply  | ing for requires (    | driving, please pro | ovide the follow    | ing:             | t <sub>0</sub> |
|--|-----------------------|---------------------|---------------------|------------------|----------------|
| Driver's License #:  |                       |                     |                     | State Issued _   |                |
| Have you had any moving violations in the past three (3) years?   No |                       |                     |                     |                  |                |
| If "Yes", please explain: _  |                       |                     |                     |                  |                |
| Are you under eighteen of "Yes", can you provide ro                  | (18) years of age     | ? 🗆 Yes 🖂           | No                  |                  |                |
| Have you ever submitted<br>If "Yes", please give date(s              | l an application w    | vith the company    | before?   Yes       | □ No             |                |
| Have you ever been emp<br>If "Yes", please give dates:               | loyed with the co     | mpany before?       | o Yes o             | No               |                |
| Have you ever been conv<br>from being considered for                 |                       |                     | formation will not  | t necessarily pr | revent you     |
| Are you currently employ   | red? □ Yes            | □ No                |                     |                  |                |
| May we contact your pres   | sent employer fo      | r references?       | □ Yes □ N           | lo               |                |
| Are you legally qualified (Proof of citizenship or imm               |                       |                     |                     |                  |                |
| On what date will you be   | available for wor     | k?                  |                     |                  |                |
| EDUCATION  |                       |                     |                     |                  |                |
|  | Elementary<br>School  | High School         | Technical<br>School | College          | Other          |
| School Name and Location   |                       |                     |                     |                  |                |
| Years Completed (circle)   | 4 5 6 7 8             | 1234                | 1 2                 | 1 2 3 4          | 1 2 3 4        |
| Diploma/Degree Major Course(s) of Study                              |                       | Yes No              | Yes No              | Yes No           |                |
|  | 1                     |                     |                     | ξ.               |                |
| Summarize special skills an  | d training not listed | d above:            |                     |                  | •              |
| Describe honors received:  |                       |                     |                     | -                |                |
| References   |                       |                     |                     |                  | i i            |
| Give name, address and tele  | ephone number of      | two (2) business re | eferences who ar    | e not related to | you.           |
|  |                       |                     |                     |                  |                |
| 0  |                       |                     |                     |                  |                |
|  |                       |                     |                     |                  |                |

# EMPLOYMENT

Start with your present or most-recent position. If information is already on your resume, fill in only those items not listed on your resume (e.g., reason for leaving, salary, etc.)

| 1. Employer          | Dates Employed |           | Work Performed  |
|----------------------|----------------|-----------|---|
| Address              | From           | То        |   |
|                      |                |           |   |
| Telephone Number(s)  | Base Pay       |           |   |
|                      |                |           |   |
| Job Title            | Start          | Final     |   |
| Supervisor           |                |           |   |
| Reason for Leaving   |                |           |   |
| 2. Employer          | Dates Employed |           | Work Performed  |
| Address              | From           | То        |   |
|                      |                |           |   |
| Telephone Number(s)  |                |           |   |
|                      | Base Pay       |           |   |
| Job Title            | Start          | Final     |   |
| Supervisor           |                |           |   |
| Reason for Leaving   |                | NACTOR DE |   |
| 3. Employer          | Dates Emi      | alayad    | Work Performed  |
| Address              | Dates Emp      | To        | WORK Fellottled   |
| Address              | FIOIII         | 10        |   |
|                      |                |           | Andrews and the second of the |
| Telephone Number(s)  | Base Pay       |           |   |
| Job Title            | Start          | Final     | Assertion   |
| Supervisor           |                |           |   |
| Reason for Leaving   |                |           |   |
| 1.Employer           | Dates Employed |           | Work Performed  |
| Address              | From           | То        |   |
|                      |                |           |   |
| Геlephone Number(s)  |                |           |   |
| relephone ivumber(s) | Base Pay       |           |   |
| ob Title             | Start          | Final     |   |
| Supervisor           |                |           |   |
| Reason for Leaving   |                |           |   |
| 4                    |                |           |   |

If you need additional space, please continue on a separate sheet of paper.

| Special Skills and Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.   |
|---|
|   |
|   |
|   |
| Providing the following information is strictly voluntary. You are not required to provide this information. Height:feetin Weight:fbs. Date of Birth:   |
| Have you ever had any job-related training in the United States military?   Yes   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N  |
| Are you able to perform the essential requirements of the Job? ☐ Yes ☐ No If "No", are there reasonable accommodations that can be made to allow to perform the essential functions of the job?   |
| State any additional information you feel may be helpful to us in considering your application.   |
| ,   |
| certify that the answers given herein are true and complete to the best of my knowledge. I also uthorize investigation of all statements contained in this application for employment as may be ecessary in arriving at an employment decision.   |
| hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment elationship with this organization is of an "at will "nature, which means that the Employee may resign at ny time and the Employer may discharge Employee at any time with or without cause. It is further nderstood that this "at will "employment relationship may not be changed by any written documentation r by conduct unless such change is specifically acknowledged in writing by an authorized executive of his organization. |
| the event of employment, I understand that false or misleading information given in my application or terview(s) may result in discharge. I understand, also, that I am required to abide by all rules and egulations of the Employer.  |
| ignature of Applicant Date  |



### INSTRUCTIONS

# PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes below.

## INVITATION TO SELF-IDENTIFY

### PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

| primarily identify.  |
|--|
| <b>Hispanic or Latino:</b> a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.   |
| White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   |
| Black or African American: a person having origins in any of the black racial groups of Africa.  |
| Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.   |
| Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.  |



# MEASURING TAPE ACTIV

Fill in the measurements for the six blanks below. Reduce to lowest terms and place your answers in the spaces provided,

