



## APPLICATION FOR EMPLOYMENT

FULL NAME	PHONE NUMBER
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### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on the back of this application. In reading the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

NAME: LAST	FIRST	MIDDLE	DATE
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ADDRESS: NUMBER, STREET, RFD, ETC.

CITY OR TOWN	STATE	ZIP	SOCIAL SECURITY NO.
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APPLYING FOR: (GIVE SPECIFIC JOB TITLE)	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	DATE AVAILABLE TO START WORK	DO YOU OBJECT TO SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
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I am able to perform the essential functions of the position. (If necessary, please request a position description.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**WORK HISTORY: LIST ALL EMPLOYMENT DURING THE PAST FIVE YEARS IN REVERSE ORDER STARTING WITH THE LAST OR PRESENT EMPLOYER, INCLUDE PART-TIME, TEMPORARY, AND VOLUNTEER WORK, ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS EVEN IF YOU ATTACH A RESUME.**

<b>1</b>	EMPLOYER NAME	PHONE NUMBER
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ADDRESS:	NUMBER AND STREET	CITY OR TOWN	STATE	ZIP
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SUPERVISOR'S NAME AND TITLE	DATE HIRED	DATE TERMINATED
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PAY:	REASON FOR LEAVING	POSITION
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START \$	END \$	SPECIFIC DUTIES
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<b>2</b>	EMPLOYER NAME	PHONE NUMBER
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ADDRESS:	NUMBER AND STREET	CITY OR TOWN	STATE	ZIP
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SUPERVISOR'S NAME AND TITLE	DATE HIRED	DATE TERMINATED
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PAY:	REASON FOR LEAVING	POSITION
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START \$	END \$	SPECIFIC DUTIES
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<b>3</b>	EMPLOYER NAME	PHONE NUMBER
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ADDRESS:	NUMBER AND STREET	CITY OR TOWN	STATE	ZIP
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SUPERVISOR'S NAME AND TITLE	DATE HIRED	DATE TERMINATED
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PAY:	REASON FOR LEAVING	POSITION
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START \$	END \$	SPECIFIC DUTIES
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<b>EDUCATION: TYPE</b>	<b>SCHOOL NAME AND CITY/STATE</b>	<b>COURSE OF STUDY/ DEGREE</b>	<b>NO. YEARS COMPLETED</b>
HIGH SCHOOL			
TRADE SCHOOL, VOCATIONAL, BUSINESS			
COLLEGE / UNIVERSITY			
GRADUATE SCHOOL			
OTHER SPECIAL TRAINING OR EDUCATION			
WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?			
WOULD YOU RELOCATE, IF NECESSARY?		WHAT SALARY DO YOU EXPECT?	
IF JOB TRAVEL IS NECESSARY, WHAT PERCENTAGE OF TIME CAN YOU TRAVEL? %			

### REFERENCES

PLEASE LIST THREE REFERENCES OTHER THAN CURRENT SUPERVISOR OF FAMILY MEMBERS THAT WE MAY CONTACT

Name	Address	Phone Number	Relationship	Years Known
1.)				
2.)				
3.)				

### ADDITIONAL INFORMATION

<b>1</b>	ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>2</b>	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (FELONY OR MISDEMEANOR?) (Include any plea of "guilty" or "no contest." Exclude traffic violations that do not include drugs or alcohol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE.			
<b>3</b>	DO YOU HAVE ANY RELATIVES IN OUR EMPLOY? (A "yes" answer is not an automatic bar to employment)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE NAME(S), RELATIONSHIP(S), AND WORK LOCATIONS(S).			
<b>4</b>	HAVE YOU EVER WORKED FOR OR APPLIED TO RC COMPONENTS (INCLUDING, TO YOUR KNOWLEDGE, ANY PREDECESSOR) FOR EMPLOYMENT BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE DATE , LOCATION, AND TYPE OF WORK			
<b>5</b>	ARE YOU ELIGIBLE TO WORK IN THIS COUNTRY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>6</b>	ARE YOU A CITIZEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, EXPLAIN YOUR EMPLOYMENT ELIGIBILITY			
<b>7</b>	FOR DRIVING JOBS ONLY: DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRIVER'S LICENSE NUMBER		CLASS OF LICENSE	STATE LICENSED IN
HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE DETAILS:			

RC COMPONENTS APPLICATION

NAME: \_\_\_\_\_

**AFFIDAVIT, CONSENT AND RELEASE**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination, pre-employment physical, and background check. I hereby consent to a pre- and /or post-employment drug screen, physical, and background check as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY AN OFFICER OF RC COMPONENTS HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE OFFICER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements

DATE SIGNED

SIGNATURE:

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR 60 DAYS.