

# Application for Employment at RuffaloCody

## General Information

<b>First</b>	<b>Last</b>	<b>Middle Initial</b>	<b>Email Address</b>
_____	_____	_____	_____

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____	_____

<b>Home Phone</b>	<b>Business Phone</b>	<b>May we contact you at work?</b>
_____	_____	____ Yes ____ No

<b>Position Applying For</b>	<b>Date Available</b>	<b>Salary Required</b>	<b>Preferred Location</b>
_____	_____	_____	_____

## Employment Preference

\_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Either \_\_\_\_ Days \_\_\_\_ Evenings \_\_\_\_ Weekends

<b>Are you over 18 years old?</b>	<b>If you are younger than 18, do you have a work permit?</b>
____ Yes ____ No	____ Yes ____ No

<b>Are you legally eligible for employment in the United States?</b>
____ Yes ____ No

<b>Have you previously applied for employment with us?</b>	<b>Please enter the the date you previously applied</b>
____ Yes ____ No	_____

<b>Have you previously been employed by RuffaloCODY?</b>	<b>Please enter the position and dates of employment.</b>
____ Yes ____ No	_____

<b>Please indicate source of referral to RuffaloCODY</b>	<b>Name</b>
____ Employee ____ College Recruiter ____ Newspaper/Ad ____ Employment Agency ____ Contacted on Own ____ Other	_____



## Military History

Have you ever served in the military?

Branch of service

Rank at discharge

\_\_\_ Yes \_\_\_ No

Date of final Discharge

Period of active duty (as mm/yyyy)

Describe any duties and any training recieved

## Employment History

Please provide complete and accurate full-time and part-time employment record. Beginning with your present or most recent employer. Simply attaching a resume will not be sufficient. If you do not have any employment history, please leave blank.

Employer Name 1

Start Date (as mm/yyyy)

End Date (as mm/yyyy)

Street Address

City

State

Zip Code

Starting Position

Ending Position

Starting Salary

Ending Salary

Name of immediate supervisor

Phone

May we contact?

\_\_\_ Yes \_\_\_ No

Describe your responsibilities

Reason for leaving

<b>Employer Name 2</b>		<b>Start Date (as mm/yyyy)</b>	<b>End Date (as mm/yyyy)</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Starting Position</b>		<b>Ending Position</b>	<b>Starting Salary</b>
<b>Name of immediate supervisor</b>		<b>Phone</b>	<b>May we contact?</b>
		___ Yes ___ No	
<b>Describe your responsibilities</b>			<b>Reason for leaving</b>

<b>Employer Name 3</b>		<b>Start Date (as mm/yyyy)</b>	<b>End Date (as mm/yyyy)</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Starting Position</b>		<b>Ending Position</b>	<b>Starting Salary</b>
<b>Name of immediate supervisor</b>		<b>Phone</b>	<b>May we contact?</b>
		___ Yes ___ No	
<b>Describe your responsibilities</b>			<b>Reason for leaving</b>

<b>Employer Name 4</b>	<b>Start Date (as mm/yyyy)</b>	<b>End Date (as mm/yyyy)</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Starting Position</b>	<b>Ending Position</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
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<b>Name of immediate supervisor</b>	<b>Phone</b>	<b>May we contact?</b>
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\_\_\_ Yes \_\_\_ No

<b>Describe your responsibilities</b>	<b>Reason for leaving</b>
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**Additional employment information, skills, affiliations, specialized training or languages**

**References (please provide at least two)**

Name	Occupation	Years Known

Address	Home/Work Phone

Name	Occupation	Years Known

Address	Home/Work Phone

Name	Occupation	Years Known

Address	Home/Work Phone

**RuffaloCODY APPLICANT STATEMENT**

Please read carefully: By signing below, I certify that misrepresentation or omissions in this application or in other information I give to RuffaloCODY, orally or in writing, may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Have you ever pled guilty or no contest to, been convicted of, or received a deferred sentence with respect to any crime, other than a simple misdemeanor? (You are not required to provide information about a conviction which has been annulled, expunged or sealed by a court).

\_\_\_ Yes \_\_\_ No

Conviction Information:

Note: Your conviction record will not necessarily disqualify you from employment.

I voluntarily authorize RuffaloCODY to make investigations of my person employment, and other related matters as may be necessary in arriving at any employment decision or verifying information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference check satisfactory to RuffaloCODY.

If I am employed, I understand that I may be required to sign agreements regarding non-competition and regarding secrecy of communications and inventions, discoveries, or developments that I make, discover, or develop during my employment at RuffaloCODY.

In accordance with RuffaloCODY policy to maintain a drug-free work place, employees may be subject to drug testing throughout their employment in accordance with the law. I hereby agree to drug testing as required by RuffaloCODY policy and release RuffaloCODY from all liability arising from such testing.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either RuffaloCODY or I may terminate my employment at any time, with or without cause and with or without notice. I further understand that my employment is at will regardless of any statement made by a RuffaloCODY agent or employee or in a RuffaloCODY policy, practice, handbook, program, or any other written or oral materials.

I understand that no representatives of RuffaloCODY other than the President of RuffaloCODY have the authority to make arrangements with me concerning the length of my employment. Such agreements must be in writing and signed by the President of RuffaloCODY.

\_\_\_ I agree to the terms stated above.

Signature	Date