

APPLICATION FOR EMPLOYMENT

RIGID BUILDING SYSTEMS, LTD.

18933 Aldine Westfield
Houston, Texas 77073

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application ____/____/____

Referral Source _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone Number including area code _____ Social Security Number _____

If you are under 18, can you furnish a work permit?..... Yes No

Have you filed an application here before?..... Yes No If yes, give date.....____/____/____

Have you ever been employed here before?..... Yes No If yes, give date.....From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work.....____/____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No Have you ever been bonded?..... Yes No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____

Driver's license number (if job-related) _____ State _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone
Job Title		Address	City, State Zip
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	City, State Zip
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	City, State Zip
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	City, State Zip
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____	

Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying

EDUCATIONAL BACKGROUND (if job related)

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

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

REFERENCES

List name and telephone number of three (3) business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

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.

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.

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 without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____

APPLICANT EEO DATA FORM

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It is voluntary and will be separated from the application.

Position Applied	Date	Name
Social Security Number	Sex	
	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address	Ethnic Origin	
	White <input type="checkbox"/>	Black <input type="checkbox"/>
	Hispanic (all races) <input type="checkbox"/>	Asian <input type="checkbox"/>
	American Indian or Alaskan Native <input type="checkbox"/>	Hispanic (White race only) <input type="checkbox"/>
		Hispanic (All other races) <input type="checkbox"/>
		Other <input type="checkbox"/>
X Signature of Applicant	Veteran Status	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes indicate if you are any of the following:	
	Special Disabled Veteran <input type="checkbox"/>	Vietnam Era Veteran <input type="checkbox"/>
	Newly Separated Veteran <input type="checkbox"/>	Other Protected Veteran <input type="checkbox"/>