

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please type or print)

<b>Position(s) Applied for</b>		<b>Date of Application</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Address (Number/Street)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Telephone number(s)</b>				

Are you currently employed  yes  no if yes, where?  
\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration Status?  yes  no

*(Proof of citizenship of immigration status will be required upon employment)*

On what date would you be available for work \_\_\_\_\_

Are you available to work  Full time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  yes  no

Can you travel if the job requires it?  yes  no

Have you been convicted of a felony in the last 7 years?  yes  no *(Conviction will not necessarily disqualify an applicant from employment)*

If yes, please explain \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying  yes  no

If yes please explain \_\_\_\_\_

**Ross Resources, LTD.**

### Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude Organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Date Employed		Work Performed
Name:		From	To	
Address:				
Telephone Number(s)		Full Time	Part Time	
Job Title	Supervisor's Name			
May we contact this person for a reference?		yes	No	
Reason for leaving		Hourly Rate/Salary		
		starting	ending	

Employer		Date Employed		Work Performed
Name:		From	To	
Address:				
Telephone Number(s)		Full Time	Part Time	
Job Title	Supervisor's Name			
May we contact this person for a reference?		yes	No	
Reason for leaving		Hourly Rate/Salary		
		starting	ending	

Employer		Date Employed		Work Performed
Name:		From	To	
Address:				
Telephone Number(s)		Full Time	Part Time	
Job Title	Supervisor's Name			
May we contact this person for a reference?		yes	No	
Reason for leaving		Hourly Rate/Salary		
		starting	ending	

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 experience)

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**Education**

School Name and Location	High School				Undergraduate College/University				Graduate/Professional		
	9	10	11	12	1	2	3	4	1	2	3
Years Completed											
Diploma/Degree											
GED _____ Year Completed _____											
Describe Course of Study											

Please describe other educational accomplishments:

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Please describe Computer and/or Technology Skills and Training:

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Current Licenses and/or certificates held:

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**Agreement**

I hereby authorize investigation of all statements contained in this application. I agree that if any misrepresentations or omission has been made by me herein or the results of an investigation are not satisfactory for any reason, that any offer of employment made to me by the agency may be terminated immediately. I further agree that the agency will have no obligation or liability to me except to pay me, at the rate agreed upon, for services actually rendered if I have been employed.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the agency and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon the agency. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason and the agency retains the same right regarding the discontinuation of my employment. I hereby acknowledge that I have read and understand the foregoing.

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Signature of Applicant

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Date

**Employment Data Record**

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The Purpose of this data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your application for employment or personnel file. **Please note: Your cooperation is voluntary. Inclusion or Exclusion of any data will not affect any employment decision.**

**Voluntary Survey**

**Date:** \_\_\_\_\_

Government agencies at times require periodic reports on sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

**Submission of this information is voluntary.**

Name		
Address		
City	State	Zip
Social Security Number		

Position Applied for:		
Check one	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Age	
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check if any of the following are applicable		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped individual