



R.N. Rouse & Co., Inc.
 General Contractors Since 1929
 P.O. BOX 10249
 GOLDSBORO, NC 27532

Application for Employment

FILL OUT BOTH SIDES OF THIS FORM COMPLETELY, SIGN AND DATE THIS APPLICATION FOR EMPLOYMENT

NAME: _____ **HOME PHONE #:** () _____

Position applying for: _____ Salary Requested: \$ _____ per hour

Who referred you to this company for employment: _____

Applicant must read carefully: Qualified persons are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap. As employers - government contractors, we comply with governmental regulations and affirmative action responsibilities. **PLEASE BE AWARE A REFERENCE CHECK AND ALL OTHER NECESSARY CHECKS AND INVESTIGATIONS WILL BE DONE.** Upon offering you employment, you must have a drug and/or alcohol screen and test negative. **DO NOT COMPLETE THIS APPLICATION IF YOU WILL NOT PASS THE DRUG TEST!** By signing at the bottom of this application for employment, you are giving R.N. Rouse and Company and our agents the authority to do any investigation or information verification of the data you have submitted on this form.

HOME MAILING ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ Driver's License: State: # _____

EDUCATION:

Last year of school you attended or completed: (include college, trade school, and high school)

NAME OF SCHOOLS:

1.		
2.		
3.		
4.		

Completed GED in (year) _____

List any special training that you have received: _____

EMPLOYMENT HISTORY:

Describe briefly the work you are best qualified to do due to education, training, or previous work experience: _____

List present, most recent job working backwards:

<u>COMPANY NAME/ADDRESS/TELEPHONE #</u>	<u>SUPERVISOR'S NAME</u>	<u>DATES EMPLOYED</u>	<u>EARNING \$/HOUR</u>	<u>REASON FOR LEAVING</u>
1.				
2.				
3.				
4.				

R.N. Rouse & Co., Inc. does do federal contracts, which requires a security clearance for some employees. Are you aware of anything that might prevent you from receiving a security clearance, such as a conviction of a felony? YES NO If so, please explain _____

APPLICANT MUST READ THE FOLLOWING, SIGN LINE BELOW WITH CURRENT DATE:

By my signature below, I certify that my answers given here in are true and complete to the best of my knowledge, and authorize investigations of all statements contained in this application as may be given be necessary to verify all data submitted. I understand that any false or misleading information given in my application or interviews may result in discharge or disqualify me for employment. Also, I understand that I am required to abide by all rules and regulations of this company including safety and drug policies and all federal and state rules and regulations that apply to this company's scope of work. **I agree to submit to any medical, drug, or mental test** anytime that the company deems such test would benefit the welfare of the company. I understand and agree that my employment with R.N. Rouse and Company if offered, would be at will. I agree that there are no written, oral, or implied contracts concerning my employment with this company and that my employment can be terminated with or without cause or notice at any time.

NOTE: Before any employee will be allowed to operate a machine or road use vehicle, the safety office will do a qualification. The qualification will include a DMV and/or criminal check. Copies of all investigations or reports are available to the employee. By my signature I am authorizing R.N. Rouse & Co., Inc. and their agents to do investigations or checks to include background, DMV, employment history and all others deemed necessary.

Signature: _____ Date: _____

The following information is not required in order to be considered for employment, but is needed in the event that employment is offered to complete tax and payroll records:	
Date of Birth: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Martial Status _____
No. of Dependents claiming for tax records: _____	
Name of person to contact in case of an emergency: _____	
Telephone number of emergency contact: () _____	