



An Equal Opportunity Employer
Drug Free Workplace

Application for Employment

PO Box 10027
Augusta, Georgia 30903
(706) 724-0106

Employees of RBW Logistics and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the RBW Logistics Human Resources Department.

1. Position applied for (one per application)
2. Date
3. Social Security No.
4. Full legal name (Last, First, Middle)
5. Address (City, State, Zip)
6. Home phone
7. Business Phone
8. E-mail Address

9. EDUCATION

- a. Check highest grade completed (checkboxes 1-12)
b. If you did not complete high school, do you have a high school equivalency diploma? (Yes/No)
c. Check number of years of post high school education (checkboxes 1-7)

Table with 6 columns: Name and Location of Institution, Hrs, Degree Received, Major or Specialty, Minor, Dates Attended. Rows 1, 2, 3.

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

10. EXPERIENCE — Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? (Yes/No)

a. Job Title, Duties, Employer, Address, Phone, Type of business, Immediate supervisor, Title, Salary, Dates, Full-time/Part-time, Hours/week, Number and titles of employees you supervised, Equipment used, Reason for leaving, Your name if different from present.
b. Job Title, Duties, Employer, Address, Phone, Type of business, Immediate supervisor, Title, Salary, Dates, Full-time/Part-time, Hours/week, Number and titles of employees you supervised, Equipment used, Reason for leaving, Your name if different from present.
c. Job Title, Duties

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_

Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. License, certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. MISCELLANEOUS

a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_

b. Check which job status you will accept:  Full-time  Part-time (specify) \_\_\_\_\_

c. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.

d. Are you willing to provide your own transportation if necessary for your employment?  Yes  \_\_\_\_\_

e. Are you at least 18 years old?  Yes  No. If no when will you be 18 years old? \_\_\_\_\_

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, before you are hired, you will be required to provide documentation establishing employment eligibility and identity and the failure to submit such proof will result in denial of employment.

g. Are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?

Yes  No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  Yes  No

h. Have you ever been convicted for any violation(s) of law, excluding moving traffic violations?  Yes  No If YES, please provide the following:  
 Description of offense:

Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_

County, City, State of Conviction: \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above.)

13. APPLICANT'S CERTIFICATION—READ CAREFULLY BEFORE SIGNING

- I hereby certify that all entries on both sides and attachments are true and complete.
- I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the RBW Logistics.
- I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize RBW Logistics to rely upon and use, as it sees fit, any information received from such contacts.
- I agree that any claim or lawsuit relating to my service with RBW Logistics must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I hereby waive any statute of limitations to the contrary.
- I understand that, if hired, my employment will be at-will, meaning that either party can end the employment relationship at any time for any or no reason. I further understand that I must pass a drug and alcohol screen to be and remain employed with RBW.
- I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_