



Robinson Renovation & Custom Homes, Inc.

INSPIRATION • INTEGRITY • LASTING VALUE

APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion, or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the bases of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

HOW LONG AT ABOVE ADDRESS? _____ PHONE () _____

PREVIOUS ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE) (ZIP)

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE U.S.? YES NO ARE YOU 18 YEARS OR OLDER? YES NO

DESIRED POSITION 1. _____ RATE OF PAY EXPECTED \$ _____ PER _____
 2. _____ RATE OF PAY EXPECTED \$ _____ PER _____

WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE? _____

HAVE YOU WORKED FOR US BEFORE? YES NO IF YES, WHEN? _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR US _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB(S) FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.
If you need additional space, please continue on a separate sheet of paper.

U.S. ARMED FORCES YES NO BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO IF YES, PLEASE EXPLAIN.

(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME _____ PHONE () _____

ADDRESS _____

RELATIONSHIP _____

FORMER EMPLOYERS — LIST BELOW YOUR LAST 3 EMPLOYERS, STARTING WITH THE LAST ONE FIRST

EMPLOYER 1 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			
EMPLOYER 2 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			
EMPLOYER 3 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			
EMPLOYER 4 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

ARE YOU EMPLOYED NOW? YES NO

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? YES NO

EDUCATION

SCHOOL	NAME AND CITY	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIBE ANY OTHER EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT YOU THINK COULD BE HELPFUL IN YOUR WORK FOR OUR COMPANY — *If you need additional space, please continue on a separate sheet of paper.*

PERSONAL REFERENCES — EXCLUDING FORMER EMPLOYERS OR RELATIVES

NAME	BUSINESS
ADDRESS	PHONE
CITY STATE ZIP	YEARS ACQUAINTED
NAME	BUSINESS
ADDRESS	PHONE
CITY STATE ZIP	YEARS ACQUAINTED
NAME	BUSINESS
ADDRESS	PHONE
CITY STATE ZIP	YEARS ACQUAINTED

The facts set forth in my application are true and complete: I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Robinson Renovation & Custom Homes or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time.

SIGNATURE _____

DATE _____

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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