

EMPLOYMENT APPLICATION

Rockland Manufacturing Company is an equal opportunity employer. All decisions concerning personnel activities will be consistent with our written Affirmative Action Compliance Program. We do not discriminate based on race, religion, color, national origin, gender, age, marital status, sexual orientation, citizenship status, veteran status, or disability in which a person is able to perform the essential functions of the job. This policy gives everyone the opportunity to progress at Rockland according to personal skills and ability.

P E R S O N A L	Last Name First Middle			Date
	Address			Home Phone ()
	City, State, Zip			Business Phone ()
	Have you ever applied for employment with us before? ____ Yes ____ No If yes, Month and Year _____			Social Security Number
	Except for absences due to religious observance, are you available for full-time work? ____ Yes ____ No If not, what hours can you work? _____			Are you willing to work overtime if asked? ____ Yes ____ No
	Are you legally entitled to work in the United States? ____ Yes ____ No			When are you available for work?
	What special training or skills do you have?			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. Years Completed	Did You Graduate?	Degree or Diploma
	Other				____ Yes ____ No	
	College				____ Yes ____ No	
	High School				____ Yes ____ No	
	Elementary School				____ Yes ____ No	

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ____ Yes ____ No

Is there any felony charges pending against you? ____ Yes ____ No

Are you at least 18 years of age? ____ Yes ____ No

State names of relatives and friends working for us, other than your spouse.

REFERENCES

Name	Address	Telephone Number ()
Name	Address	Telephone Number ()
Name	Address	Telephone Number ()

Employment History

Please provide complete full-time and part-time employment record.

Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Pay (hourly or weekly rate) Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Pay (hourly or weekly rate) Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Pay (hourly or weekly rate) Start Last
	State Job Title and Describe Your Work	Reason for Leaving
S I G N A T U R E	<p>With my signature, I certify that the information provided in this Application for Employment is true, correct and complete. I understand that if Rockland hires me, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation for Rockland to continue to employ me in the future.</p> <p>I authorize Rockland to obtain information about me from my previous employers and schools. I authorize my previous employers and schools that I have attended to disclose to Rockland such information about me as Rockland may request.</p>	
	_____	_____
	Date	Signature
	DO NOT WRITE BELOW THIS LINE	

Interviewed by:	Date:
Remarks:	
2 nd Interview:	Date:
Hired: YES NO Position:	Department:
Salary/Wage:	Date Reporting to Work: