

## Resource Depot Inc. Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date						
First Name	neLast Name				Middle Initial	
Street Address						
City		S	state	Zip		
Home Phone #	Cell Phone	#				
Email			Da	ite of Birth		
Are you a U.S. citizen or otherwise authorized to work	in the U.S. o	n an un	restricted basi	s? _	YesN	
Have you ever been convicted of a felony or a first degree	e misdemeanor	? (This wi	ll not necessarily afi	fect your application)	YesNo	
If yes, please describe conditions.						
Employment Desired						
Desired position						
Date you can start				rate		
Are you looking for full-time or part-time employment?	Full Time		Part Time	Eitl	ner	
What days/hours are you available?						
How did you hear of this opening?						
Have you ever applied for employment here in the past?	Yes	No				
Have you ever been employed by this company	Yes	No				
Are you related to a Resource Depot employee?	Yes	No				
f yes , please give employee name and relationship						
Are you presently employed?	Yes	No				
May we contact your present employer?	Yes	No				
Education						
School Name & Location			Year	Major	Degree	
High School						
College						
College						
Post College					· -	
Other Training						

## **Employment History**

(Start with most recent employer. If desired, include a resume or additional pages that will help clarify your work experience. A resume may only substitute for the "responsibilities" section - all other items must be completed.)

1. Company name					
Address					
Date Started	Starting Wage	Starting Position	n		
Date Ended	Ending Wage	Ending Position	l		
Name of Supervisor			_ May we contact ?	Yes	No
Responsibilities					
Reason for leaving					
2. Company name					
Address					
Date Started	Starting Wage	Starting Position	on		<del></del>
Date Ended	Ending Wage	Ending Position	າ		
Name of Supervisor			May we contact?	Yes	No
Responsibilities					
Reason for leaving					
3. Company name					
Address					
Date Started	Starting Wage	Starting Position	on		
Date Ended	Ending Wage	Ending Position	າ		
Name of Supervisor			May we contact?	Yes	No
Responsibilities					
Reason for leaving					
References					
List three personal reference	es, not related to you, w	ho have known you for mor	re than one year.		
Name		Phone		Years Known	
Name		Phone	\	Years Known	
Name		Phone	\	Years Known	

## READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I, the undersigned, agree that Resource Depot Inc. may make any lawful inquiry that it considers necessary to determine my eligibility for employment.

I authorize Resource Depot Inc to seek and obtain from my present and former employers, schools and personal references, information relating to my qualifications for employment.

I release Resource Depot Inc and all persons and entities furnishing such information to Resource Depot Inc from any liability arising from dissemination or publication of such information.

I understand that any job offer with Resource Depot Inc is contingent upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

If I am employed, I agree to adhere to all rules and regulations of Resource Depot Inc. I understand that such rules and regulations can be changed at the discretion of Resource Depot Inc.

I understand that my employment is at will and can be separated at any time for any reason, with or without notice.

I understand that no organization representative can make any agreement for my employment, the only exception being a written employment agreement between myself and Resource Depot Inc by the Executive Director.

I agree that the first three months of my employment will be an evaluation period.

## AGREEMENT FOR DRUG AND ALCOHOL TESTING.

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to the test or failure to meet the standards established by Resource Depot Inc. for the test may disqualify me for employment.

I further agree that, at any time during my employment with Resource Depot Inc., I may again be required to take a drug test. I understand that refusal to have a requested drug test will result in immediate discharge from employment, and that failure to meet the standard for the test may result in immediate suspension or discharge.

I also agree to be tested, upon request, for being under the influence of alcohol or non-prescription drugs while at work, such test to take place immediately after the request.

All information provided in this application and any accompanying resume is true and complete. I agree that any false or misleading representation or material omission may disqualify me from consideration for employment and may result in discharge, regardless of when discovered.

I have read and understand the foregoing and I agree unconditionally to the foregoing.

SIGNATURE	DATE		
PRINTED NAME			