



RIDDLEBERGER
BROTHERS, INC

6127 South Valley Pike • P.O.Box 27 • Mt. Crawford, VA 22841 • ph 540.434.1731 • fx 540.432.1691

"Our Experience At Your Service"

Application for Employment

Today's Date _____

Riddleberger Brothers, Inc. considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Name		Social Security Number	
Current Address			
City	State	Zip Code	Phone Number
			Alternate Number

Position(s) applied for:			
Type of employment desired:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
How did you hear about us?			
<input type="checkbox"/> Current Employee	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Virginia Employment Agency	<input type="checkbox"/> Radio Ad
<input type="checkbox"/> Walk-In	<input type="checkbox"/> High School Recruitment	<input type="checkbox"/> College Recruitment	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Other _____			
Expected rate of pay		When would you be able to start?	

- Are you at least 18 years of age?..... Yes No
- Can you produce documented proof of your identity and eligibility for employment in the United States? Yes No
- Have you ever filed an application with us before?..... Yes No
If yes, when _____
- Have you worked for RBI before? Yes No
If yes, when _____
- Are you currently employed?..... Yes No
- Are you able to travel if the job requires it?..... Yes No
- Have you been convicted of a crime other than a minor traffic offense?
(Conviction will not necessarily disqualify you from employment, rather such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered) Yes No

If Yes, please explain

RIDDLEBERGER BROTHERS, INC IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address	Courses Majored In	Circle Last Year Completed	Date Received Degree/Type of Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Describe any specialized training or apprenticeships	
--	--

LIST ANY OTHER LANGUAGES THAT YOU ARE ABLE TO SPEAK, READ OR WRITE

	Beginner	Intermediate	Fluent
Speak			
Read			
Write			

<p>Please provide any additional information, such as special skills, training, supervisory experience, equipment operation or other qualifications that you feel will be helpful to us in considering your application.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
--

WORK EXPERIENCE

Start with your present or most current job. Include any job-related military service assignments and volunteer activities.

1. Name and address of current or most recent employer	Telephone Number	
Immediate Supervisor	Date Hired	Date Left
Job Title and Duties	Starting Pay Rate	Ending Pay Rate
Reason for leaving	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name and address of current or most recent employer	Telephone Number	
Immediate Supervisor	Date Hired	Date Left
Job Title and Duties	Starting Pay Rate	Ending Pay Rate
Reason for leaving	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Name and address of current or most recent employer	Telephone Number	
Immediate Supervisor	Date Hired	Date Left
Job Title and Duties	Starting Pay Rate	Ending Pay Rate
Reason for leaving	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any gaps in your work history. _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

APPLICANT'S STATEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Riddleberger Brothers, Inc. to verify their accuracy and to obtain reference information. I hereby release Riddleberger Brothers, Inc. from any/all liability to whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information. I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification of consideration of employment, or, if already employed, grounds for immediate dismissal.

I understand that nothing in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises of employment have been made to me, however, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I agree that the company reserves the right to require me to submit to a drug/alcohol test prior to employment and at any time during employment, to the extent permitted by law. I also understand that if I should receive a conditional offer of employment, I may be required to submit to a medical examination or medical inquiries to determine my ability to perform the essential functions of the job for which I have applied.

I understand that the company reserves the right to request a criminal background check prior to and at any time during my employment. I expressly authorize the company, when requested, to disclose any criminal history information received to any customer.

I understand that if employed, policies, rules and regulations which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time.

I understand that this application for employment shall be considered active for a period of time not to exceed 90 days, after which time I would need to reapply in accordance with established company procedures.

(Signature of Applicant)

(Date)

I have had the application, including the above statement, read to me in my native language by _____.

Signed _____

Date _____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based on your merit and on no other consideration.

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

The purpose for this data record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and are not a part of your application for employment or human resource file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports in the gender, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis only. **SUBMISSION OF THE INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip Code
Social Security Number		

Position applying for:			
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate
Check one of the following: (Ethnic origin)			
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> White Hispanic	<input type="checkbox"/> Black Hispanic	<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Other			
Check if any of the following are applicable:			
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Disabled Individual	<input type="checkbox"/> Other Veteran

FOR HUMAN RESOURCES/HIRING MANAGER USE ONLY

Date Called	By Whom	Interview Date	Interview Time
Orientation Date	Start Date	Superintendent	Department
Hourly Rate/Salary	Other Notes:		

