

RT COMMUNICATIONS, INC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Individuals who need accommodation during the application/interview process should request this in advance so necessary arrangements can be made

. . .PLEASE PRINT OR TYPE. . .

This application should be fully completed. No action will be taken unless all requested information has been provided. You may attach additional sheets of relevant information if space is limited. The information requested on this application is not intended to imply illegal preferences or discrimination based upon non-job related information.

PERSONAL DATA					
Last Name	First Name	MI	E-mail Address if available		
Street Address	City	State	Zip	Telephone # (where you can be reached)	
Mailing Address	City	State	Zip		
GENERAL INFORMATION					
How did you hear about this job opening? <input type="checkbox"/> Newspaper (Name) <input type="checkbox"/> Employment Agency <input type="checkbox"/> Referral (Name) <input type="checkbox"/> Other (Internet, etc.)					
Position you are applying for:			Wage/Salary Desired		
Type of employment you are applying for: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		Will you accept temporary/seasonal work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you accept part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any objection to working overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight stays? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are under age 18, can you furnish a work permit if it is required? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide proof of legal employment authorization and identity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by our organization or an affiliate company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes Company: _____ Dates of employment: from: _____ to _____ Reason for Leaving: _____					
Have you ever applied for employment with our organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No; if Yes when _____					
Do you have relative(s) working that are currently employed by our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No; if Yes who _____					
Are you currently on lay-off status, subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Have you ever been convicted of any law violation (except minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes please explain. Use a separate sheet of paper if necessary. (A conviction will not necessarily disqualify you) _____ _____ _____					
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date you will be available for a telephone or personal interview: / / (telephone); / / (personal)					
If hired, date you will be available to start work: / /					
EDUCATION					
School	Name and Location	Course of Study	# of years completed	Did you Graduate?	Degree or Diploma, please specify
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	



EMPLOYMENT HISTORY (Start with most recent)

1	Company Name / Address	Position/Title	Supervisor/Telephone #	Duties
Dates Employed From: _____ To: _____		Final Wage: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Company Name / Address	Position/Title	Supervisor/Telephone #	Duties
Dates Employed From: _____ To: _____		Final Wage: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Company Name / Address	Position/Title	Supervisor/Telephone #	Duties
Dates Employed From: _____ To: _____		Final Wage: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Company Name / Address	Position/Title	Supervisor/Telephone #	Duties
Dates Employed From: _____ To: _____		Final Wage: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any gaps in employment:

OTHER JOB-RELATED SKILLS AND QUALIFICATIONS -(Include any job-related training received in the United States military) **Summarize any job-related training, specialized training, skills, licenses, certificates, and/or other qualifications relevant to the position you are applying for:**

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (Exclude membership that will reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

PERSONAL / PROFESSIONAL REFERENCES (DO NOT INCLUDE FAMILY MEMBERS or EMPLOYERS)

	Name	Contact Number(s)	Mailing Address	Relationship
1				
2				
3				

I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED THAT THERE IS NO SPECIFIED LENGTH OF EMPLOYMENT AND THAT THIS APPLICATION, AS WELL AS OTHER HIRING DOCUMENTS, DO NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. ACCORDINGLY, EITHER I OR THE EMPLOYER CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW.

I HEREBY AUTHORIZE AND AGREE TO COOPERATE IN A THOROUGH INVESTIGATION OF ALL STATEMENTS MADE HEREIN AND OTHER MATTERS RELATING TO MY BACKGROUD AND QUALIFICATIONS. I UNDERSTAND THAT ANY INVESTIGATION CONDUCTED MAY INCLUDE A REQUEST FOR EMPLOYMENT AND EDUCATIONAL HISTORY, CREDIT REPORTS, CONSUMER REPORTS, INVESTIGATIVE CONSUMER REPORTS, DRIVING RECORD AND CRIMINAL HISTORY. I AUTHORIZE ANY PERSON, SCHOOL, CURRENT AND FORMER EMPLOYER, CONSUMER REPORTING AGENCY, AND ANY OTHER ORGANIZATION OR AGENCY TO PROVIDE INFORMTION RELEVANT TO SUCH INVESTIGATION AND I HEREBY RELEASE ALL PERSONS AND CORPORTATIONS REQUESTING OR SUPPLYING INFORMATION PURSUANT TO SUCH INVESTIGATION FROM ALL LIABILITY OR RESPONSIBILITY TO ME FOR DOING SO. I HEREBY RELEASE FROM LIABILITY THIS POTENTIAL EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION TO MAKE EMPLOYMENT DECISIONS AND ALL OTHER PERSONS OR ORGANIZATIONS FOR PROVIDING SUCH INFORMATION. I UNDERSTAND THAT I HAVE A RIGHT TO MAKE A WRITTEN REQUEST WITNIN A REASONABLE PERIOD OF TIME FOR COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATION.

I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE TERMINATION OF EMPLOYMENT IF I AM EMPLOYED, WHENEVER IT MAY BE DISCOVERED.

I UNDERSTAND THAT IT IS THE POLICY OF THIS ORGANIZATION NOT TO REFUSE TO HIRE OR OTHERWISE DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSONS NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM EMPLOYED, I WILL BE REQUIRED TO PROVIDE SATISFACTORY PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION WITHIN THREE DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I UNDERSTAND THAT IF OFFERED A POSITION WITH RT COMMUNICATIONS, INC. I WILL BE SUBJECT TO A PRE-EMPLOYMENT DRUG SCREENING AND BACKGROUND CHECK. I UNDERSTAND THAT UNSATISFACTORY RESULTS FROM, REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE TESTS AND CHECKS WILL RESULT IN IMMEDIATE WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF MY EMPLOYMENT IF ALREADY EMPLOYED.

MY SIGNATURE SIGNIFIES THAT I REPRESENT AND WARRANT THAT I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS AND IN DOING SO THAT I SEEK EMPLOYMENT WITH RT COMMUNICATIONS, INC. UNDER THE CONDITIONS STATED.

APPLICANT SIGNATURE: _____ DATE: _____

**PLEASE RETURN THIS APPLICATION TO: RT COMMUNICATIONS, INC. HUMAN RESOURCES DEPARTMENT
130 SOUTH 9TH STREET
WORLAND, WY, 82401
PHONE NO.: 307-347-7000
FAX NO.: 307347-7156**

All qualified applicants will receive consideration without regard to race, color, religion, national origin, gender, age, disability, marital or veteran status, or any other legally protected status protected by law. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment prohibited by local, state, or federal law.

