



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

IF YOU ARE OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG TEST. IF YOU REFUSE TO BE TESTED, THE JOB OFFER WILL BE WITHDRAWN.

Position Applying For:

(1st) _____ (2nd) _____ (3rd) _____

IMPORTANT: Fill out the application accurately and completely. All statements in your application are subject to verification. Incorrect statements may bar or remove you from employment.. Resumes may not be substituted for requested application information, however a resume is required with this application. **PRINT ANSWERS TO ALL QUESTIONS!**

RGW, INC. is an equal opportunity employer and does not discriminate against applicants or employees in its employment practices. No question in this application is intended to secure information to be used for such discrimination. **BASELINE REQUIREMENTS:** As prerequisite to employment with RGW Inc., for the position of Security Officer, applicants must be United States citizens, be able to climb stairs and ladders, speak, read and write the English language fluently, and lift at least 50 lbs. **REQUIRED DOCUMENTATION:** A checklist of documentation that applicants are requested to submit with this application is provided on the last page. Applications submitted without the requested documentation will not be processed.

DATE OF BIRTH:

If more space is required, please attach additional sheets to application. Also, a resume is required with this application.

DESIRED POSITION OR FIELD OF INTEREST:			MINIMUM SALARY EXPECTED:	
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE	
HOME ADDRESS ZIP CODE	CITY	STATE	HOME PHONE	
SOCIAL SECURITY NO.	Can you, after employment, submit verification of your legal right to work in the United States? ___YES ___NO		WORK OR DAYTIME PHONE	

Have you ever been found guilty of any crime or are you now being charged with the commission of any crime? (Omit traffic violations for which you paid a fine of \$300 or less. Include convictions by general court martial while in the military services. YES or NO _____. If answer is YES, indicate date, charge, place, court and action taken for each offense.

2. EDUCATION NOTE: ALL EDUCATION LISTED IS VERIFIED

TYPE OF SCHOOL	NAME OF SCHOOL	COMPLETE ADDRESS OF SCHOOL	COURSES MAJORED IN	CIRCLE LAST YEAR COMPLETED
HIGH SCHOOL				9 10 11 12
COLLEGE				1 2 3 4
GRADUATE SCHOOL				1 2 3 4
SPECIAL SCHOOLING				

REFERENCES PLEASE LIST PERSONS WHOM WE MAY CONTACT WHO KNOW YOUR JOB QUALIFICATIONS (PRESENT/FORMER SUPERVISORS,ETC...)

NAME	ADDRESS (STREET, CITY, STATE)	TELEPHONE NO.	YRS.. KNOWN



EMPLOYMENT HISTORY START WITH PRESENT OR LAST JOB. MAY WE CONTACT PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY	ADDRESS ZIP CODE	CITY	STATE
DATES OF EMPLOYMENT-MO./YR.	BASE EARNINGS \$ _____ PER	ADDITIONAL COMPENSATION	SUPERVISORS NAME, PHONE NO./ EXT.
JOB TITLE	YOUR DUTIES:		
REASON FOR LEAVING			
COMPANY	ADDRESS CODE	CITY	STATE ZIP
DATES OF EMPLOYMENT-MO./YR.	BASE EARNINGS \$ _____ PER	ADDITIONAL COMPENSATION	SUPERVISORS NAME, PHONE NO./ EXT.
JOB TITLE	YOUR DUTIES:		
REASON FOR LEAVING			
COMPANY	ADDRESS CODE	CITY	STATE ZIP
DATES OF EMPLOYMENT-MO./YR.	BASE EARNINGS \$ _____ PER	ADDITIONAL COMPENSATION	SUPERVISORS NAME, PHONE NO./EXT.
JOB TITLE	YOUR DUTIES:		
REASON FOR LEAVING			
COMPANY	ADDRESS CODE	CITY	STATE ZIP
DATES OF EMPLOYMENT-MO./YR.	BASE EARNINGS \$ _____ PER	ADDITIONAL COMPENSATION	SUPERVISORS NAME, PHONE NO./EXT.
JOB TITLE	YOUR DUTIES:		
REASON FOR LEAVING			
6. LANGUAGES: LIST LANGUAGES INCLUDING ENGLISH, WHICH YOU CAN:			
SPEAK	READ	WRITE	
DO YOU PRESENTLY HAVE A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO LEVEL _____ DATE LAST ACTIVE _____			
U.S. MILITARY EXPERIENCE			
BRANCH	RANK	SPECIALTY(M.O.S.)	

TELL US ANYTHING ELSE ABOUT YOUR WORK INTEREST, EXPERIENCE, ABILITIES, OR CAREER INTEREST WHICH MAY BE HELPFUL IN EVALUATING YOUR QUALIFICATIONS.

IF YOU ARE APPLYING FOR AN ARMED POSITION, YOU MUST BE AT LEAST 21 YEARS OLD AND BE ABLE TO PROVIDE VERIFICATION IF YOU ARE HIRED.

PLEASE READ CAREFULLY

In making this application, I realize that my character, reputation for honesty, habits, ability records of criminal convictions, if any, financial responsibility and reasons for leaving employment may be investigated and that persons who know me, now and/or in the past, may be contacted and questioned about me **to which I hereby give consent.**

Anyone who may furnish any information concerning my character, habits, ability, criminal convictions, financial responsibility of any reason for leaving any employment shall not be held responsible for any loss or damage that I may suffer in consequence thereof. I further agree that **any information obtained by the Company from any source will be held confidential by the Company from all persons and even against any demand made by me,** except as required by law.

It is the policy of the Company to consider all the information supplied by the applicant in assessing his/her qualifications for employment.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- 1. ANY FALSE STATEMENTS OR OMISSIONS ON THIS DOCUMENT WILL BE SUFFICIENT GROUNDS FOR TERMINATION AT ANY TIME DURING MY EMPLOYMENT.
- 2. IF HIRED, I WILL BE ON AN INTRODUCTORY PERIOD OF AT LEAST ONE-HUNDRED-TWENTY DAYS DURATION.
- 3. AT ANY TIME DURING MY EMPLOYMENT, I MAY BE REQUIRED TO TAKE A BLOOD OR URINE TEST AND TO REFUSE MAY RESULT IN MY IMMEDIATE TERMINATION.
- 4. I FURTHER UNDERSTAND THAT ANY INFORMATION REGARDING MY CRIMINAL OR MILITARY HISTORY WILL NOT NECESSARILY DISQUALIFY ME FROM THE JOB FOR WHICH I AM APPLYING OR HIRED.
- 5. I UNDERSTAND THAT BUSINESS NEEDS AND REQUIREMENTS CHANGE AND THAT MY POSITION, RESPONSIBILITIES, WORK STATION, WORK HOURS, AND SHIFT MAY NEED TO BE ALTERED IN ORDER TO SUPPORT THESE REQUIREMENTS. I UNDERSTAND THAT MANAGEMENT MAY OFFER ME REASSIGNMENT OPTIONS TO ACCOMMODATE MY PERSONAL NEEDS IF AT ALL POSSIBLE.
- 6. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE "AT WILL" WHICH MEANS THAT IT MAY BE TERMINATED AT ANY TIME FOR ANY REASON OR FOR NO REASON AT ALL, BY ME OR THE COMPANY

Date _____ Signature _____

DO YOU WISH EMPLOYMENT FULL-TIME? PART-TIME SUMMER AVAILABLE FOR WHICH

SHIFT? ANY DAY SWING GRAVEYARD

DATE AVAILABLE FOR EMPLOYMENT:

SPECIFY DAYS AND HOURS IF PART-TIME:

LIST DAYS OFF DESIRED:



EMPLOYEE CHECKLIST

EMPLOYEE NAME:

DATE OF HIRE: _____ EMPLOYEE NO.

FOR PERSONNEL FILE: (OFFICE USE ONLY)

- () Application For Employment -Form 1001
- () Offer Letter - Form 1019
- () Database Information Form - Form 1005
- () Employment Eligibility (I - 9 Form) - (File Separately)
- () Form (W-4) Federal Withholding Allowance Certificate Form
- () Description of Registered Employee
- () Copy of Sheriff's Card/Firearms Safety Certification - (Supplied by Employee)
- () Employee Non-Disclosure and Non compete Agreement - Form 1007
- () Reference Check (2) - (File Separately)
- () **RGW** Property Form - Form 1009
- () State Industrial Insurance System (SIIS)
- () Conflict of Interest Hiring Questionnaire - Form 1010
- () Standards of Conduct - Form 1011
- () Applicants Voluntary Self-Identification Record - (File Separately)
- () Employee Interview Analysis
- () Employee Understanding & Agreement
- () Armed Security Guidelines - Form 1012

Employee Handout Checklist:

- () FHP - Clark County MCO Provider List
- () MCO - Workers' Compensation Pamphlet
- () Other -

_____/_____
Human Resources Department (Representative)

Date

HR Rev. 1/97 (RGW)