



Equal Opportunity Employer

**STEEL TOES BOOTS ARE  
REQUIRED**

**EMPLOYMENT APPLICATION**

POSITION APPLYING FOR: \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONAL DATA**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE:  OPERATOR  CDL  CDL TYPE \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NO CONTEST TO A FELONY OFFENSE  YES  NO  
For purpose of employment with RTM "CONVICTIONS" include Sentenced to Confinement, Paid Fine, Time Served,  
Placed on Probation including Deferred Adjudication, and Court Ordered Restitution

IF YES PLEASE EXPLAIN: \_\_\_\_\_

**Direct Deposit or Cash Card Circle One If Direct Deposit provide bank information**

**WORK EXPERIENCE**

1. COMPANY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

3. COMPANY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_



Equal Opportunity Employer

**EMPLOYMENT APPLICATION**

**MILITARY SERVICE:**

ARE YOU A VETERAN YES NO IF YES, LIST TYPE OF DISCHARGE\_\_\_\_\_

DATES OF SERVICE: FROM\_\_\_\_\_ TO\_\_\_\_\_

ARE YOU A SURVIVING SPOUSE OF A VETERAN WHO HAS NOT REMARRIED YES NO

ARE YOU A SURVIVING ORPHAN OF A VETERAN YES NO

IF YES GIVE DATES OF SERVICE FOR VETERAN: FROM\_\_\_\_\_ TO\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I authorize any of the persons, or organizations referenced in this application to give you any and all information concerning my previous employment, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information.

I agree to notify RTM immediately if I am convicted of, receive deferred adjudication in or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or breach of trust while my application is pending or during my employment if I am hired.

SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I understand that it is my responsibility to have transportation to and from work**

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_