## Application for Employment with Rouse-Sirine Associates, Ltd. **Personal Information** Name (Last, First, Middle) Date Street Address Cell Number City, State, Zip Email address Have you ever applied for employment with us? Social Security Number Yes No If yes: Month and Year \_ Will you work overtime if needed? Position Desired Salary Desired Yes 🔲 No 🔲 Apart from absence for religious observance, are you available for full-time work? Yes No I If not, what hours can you work? When will you be available to begin Other special training or skills (List computer programs, special projects, machine operation, etc.) If clerical, accurate typing speed? Education Name and Location No. of Years Did you Course of School (city& state) of School Study Completed Graduate Degree or Diploma ☐ Yes Graduate ☐ No ☐ Yes College ☐ No Business/Trade/ ☐ Yes Technical ☐ No ☐ Yes High School ☐ No This position requires you to occasionally drive a company car. In order for our insurance carrier to determine your eligibility, they require the following information: Do you hold a valid Virginia driver's ☐ Yes Indicate other states where you have been licensed to drive in license? ☐ No the past five years and when those licenses were issued. ☐ Yes Have you admitted to (as by paying a Indicate the nature of each violation and when it occurred. fine) or been convicted of any moving ☐ No violations in the past five years? Is your license currently in full effect, ☐ In full effect Please explain if restricted or revoked: or is it suspended, revoked, or ☐ Restricted otherwise invalidated or restricted? or revoked

| Employment History              |  | Please give accurate, complete full-time<br>and part-time employment record. Start<br>with present or most recent employer |
|---------------------------------|--|--|
|                                 | Company Name   | Telephone  |
| 1                               | Address, City, State & ZIP   | Employed - (State month and Year) From To  |
|                                 | Name of Supervisor   | Pay (Hourly or Weekly)<br>Start Last   |
|                                 | State Job Title and Describe Your Work   | Reason for Leaving   |
| 2                               | Company Name   | Telephone  |
|                                 | Address, City, State & ZIP   | Employed - (State month and Year) From To  |
|                                 | Name of Supervisor   | Pay (Hourly or Weekly)<br>Start Last   |
|                                 | State Job Title and Describe Your Work   | Reason for Leaving   |
| 3                               | Company Name   | Telephone  |
|                                 | Address, City, State & ZIP   | Employed - (State month and Year)<br>From To   |
|                                 | Name of Supervisor   | Pay (Hourly or Weekly)<br>Start Last   |
|                                 | State Job Title and Describe Your Work   | Reason for Leaving   |
| 4                               | Company Name   | Telephone  |
|                                 | Address, City, State & ZIP   | Employed - (State month and Year) From To  |
|                                 | Name of Supervisor   | Pay (Hourly or Weekly)<br>Start Last   |
|                                 | State Job Title and Describe Your Work   | Reason for Leaving   |
| S<br>I<br>G<br>N<br>A<br>T<br>U | The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.  I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.   |  |
| R<br>E                          | Date Signature   |  |
| R<br>E<br>L<br>E<br>A           | Refusal to sign this Release does not preclude you from consideration for a position with Rouse-Sirine Associates, Ltd. By signing this release, I agree to allow Rouse-Sirine Associates, Ltd., to contact my past employers for information and data to include, but not be limited to, reasons for terminating or leaving past employment, length of employment, satisfactory job performance evaluation and attendance records and shall hold Rouse-Sirine Associates, Ltd., and my past employers harmless for the information and data provided. |  |
| S<br>E                          | Date Signature   |  |