



Application for Employment

“The best liners, tint, and accessories.”

Rhino Linings Unlimited • : (480) 377-0444 • Fax: (480) 377-0446

330 East Southern Ste. 32, Mesa, AZ 85210 / 17007 North 26th Street Ste.3, Phoenix, AZ 85032

Last Name <i>{Please Print}</i>		First Name	Middle Name
Address		City	State Zip
Telephone #1	Telephone #2	Social Security Number	
Position Applied For	Salary Requirement	Date of Application	

How did you learn about us? (check one)

- Newspaper Friend Walk-In
 Employment Agency Relative Other

If you are under 18 years of age, can you provide proof of eligibility to work?
Have you ever filed an application before? If yes, give date
Have you ever been employed with us before? If yes, give date
Are you currently employed?
May we contact your present employer?
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
On what date would you be available to work?
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Are you currently on “layoff” status and subject to recall?
Can you travel if a job requires it?
Can you relocate if a job requires it?
If the position you are applying for requires driving, do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	Name and Address of School	Course of Study	Year Completed	Diploma Degree
Elementary School				
High School				
Undergrad College				
Graduate Professional				
Other (Specify)				

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Are you capable of performing in a reasonable manner the activities involved in the job for which you have applied? _____

If NO, please explain . . .

Employment History

Start with your present or last job. List all three of your last jobs. If you have held less than 3 jobs, please note.

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone #	Hourly Rate Starting / Ending	
Job Title Supervisor	/	
Reason for Leaving		

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References (At least one business reference preferred.)

(1)Name	Telephone #
Relationship to you	
(2)Name	Telephone #
Relationship to you	
(3)Name	Telephone #
Relationship to you	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In addition, I hereby authorize Rhino Linings Unlimited to conduct a personal background investigation including credit and criminal history check as part of Rhino Linings Unlimited's review of my application for employment.

Substance Abuse Testing: Rhino Linings Unlimited reserves the right to conduct or require screen tests on any employee while on company premises, engaged in company business, operating company equipment or on applicants for employment unless prohibited by applicable law. Employment with Rhino Linings Unlimited is contingent upon the passing of a substance abuse screen.

I understand and acknowledge that, unless otherwise defined by application law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employee 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.

All employees are subject to a 60-day probationary period.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and policies of Rhino Linings Unlimited.

Signature of Applicant

Date

In Case of Emergency . . .

Name:	Telephone#
Address:	
Relationship To You...	

For Personnel Department Only

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