|  |  |
| --- | --- |
| Riffle Machine Works, Inc.  5746 St. Rt. 159  Chillicothe, OH 45601  740-775-3059 | cid:image001.png@01D040DA.8760F170 |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | First | | |  | | | | | | | M.I. | | | | Date | |  | |
| Street Address |  | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  | |
| City |  | | | | | | | | | | | State | | |  | | | | | | | ZIP |  | | | | | | |
| Phone |  | | | | | | | | | | | E-mail Address | | | | | |  | | | | | | | | | | | |
| Shift Preference | | |  | | | Are you over the age of 18? | | | YES | | | | NO | | | Date Available | | | | |  | | | Desired Salary | | | | |  |
| **Are you able to perform all job functions without restrictions for the position you are being considered?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | --- | --- | | YES | NO | | | |
| Do you have a valid Driver’s License? | | | | | | | | YES | | NO | | | |  | | | | | | | | | | | | | | | |
| What position are you applying for? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Are you available to work overtime if needed? | | | | | | | | YES | | NO | | | |  | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | |  | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | |
| From |  | | | To |  | | Did you graduate? | | | | YES | | | | NO | | | | Diploma | | | | | | G.E.D. | | | | |
| College |  | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | |
| From |  | | | To |  | | Did you graduate? | | | | YES | | | | NO | | | | Degree | |  | | | | | | | | |
| Other |  | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | |
| From |  | | | To |  | | Did you graduate? | | | | YES | | | | NO | | | | Degree | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | |  | | | | | | | | | | | | | | | Phone | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | |  | | | | | | | | | | | | | | | Phone | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | |  | | | | | | | | | | | | | | | Phone | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Previous Employment | | | | | | | | | | | | | | | |
| Company | |  | | | | | | Phone | |  | | | | | |
| Address | |  | | | | | | Supervisor | | |  | | | | |
| Job Title | |  | | | | Starting Salary | | $ | | | | Ending Salary | | $ | |
| Responsibilities | |  | | | | | | | | | | | | | |
| From |  | To |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO | |  | | | | | |
| Company | |  | | | | | | Phone | |  | | | | | |
| Address | |  | | | | | | Supervisor | | |  | | | | |
| Job Title | |  | | | | Starting Salary | | $ | | | | Ending Salary | | $ | |
| Responsibilities | |  | | | | | | | | | | | | | |
| From |  | To |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO | |  | | | | | |
| Company | |  | | | | | | Phone | |  | | | | | |
| Address | |  | | | | | | Supervisor | | |  | | | | |
| Job Title | |  | | | | Starting Salary | | $ | | | | Ending Salary | | $ | |
| Responsibilities | |  | | | | | | | | | | | | | |
| From |  | To |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO | |  | | | | | |
| Are you a citizen of the United States? | | YES | | NO | | | If no, are you authorized to work in the U.S.? | | | | | | YES | | NO |
| Have you ever worked for this company? | | YES | | NO | | | If so, when? | |  | | | | | | |
| Have you ever been convicted of a felony? | | YES | | NO | | | If yes, explain. | |  | | | | | | |
| Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Riffle Machine Works, Inc. (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Company may end the employment relationship at any time, without specified notice or reason.

If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.

I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested b it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of *ninety* (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.**

*Thank you for completing this application form and for your interest in our business.*



AUTHORIZATION TO OBTAIN CONSUMER REPORT

PURSUANT TO 15 U.S.C. §1681b(b)(2)(B)

I authorize Riffle Machine Works, Inc. to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, social security verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as port of a pre-employment screening process as well as at any time during the course of employment. No additional notice or authorization shall be needed for future inquiries and obtain additional consumer reports.

Use of date of birth is for identification purposes only. Riffle Machine Works, Inc. is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, handicap or Veteran status.

This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681b(b)(2)(B).

(Please Print)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

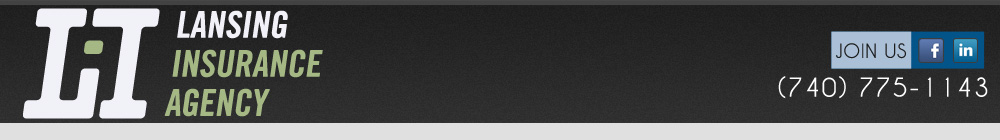
Name of Authorizing Consumer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Driver’s License (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorizing Consumer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2151 Western Avenue [www.lansinginsuraceagency.com](http://www.lansinginsuraceagency.com) 740-775-1143 Business

Chillicothe, OH 45601 509-272-1941 Fax

DISCLOSURE UNDER FAIR CREDIT REPORTING ACT

AND

CONSENT TO PROCUREMENT OF CONSUMER REPORT

FOR

EMPLOYMENT PURPOSES

The undersigned hereby authorizes **Riffle Machine Works, Inc.,** or its insurance agency, Lansing Insurance Agency, Inc., or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_