

Rowe Contracting Services, Inc Employment Application Agreement Form

PLEASE **PRINT** ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Hire Date: _____

EMPLOYEE INFORMATION

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS and a BACKGROUND CHECK AT EMPLOYERS DISCRETION

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____ **HM** _____ **WK** _____ **CELL** _____

Email Address: _____

How many hours can you work weekly? _____

Days/hours available to work

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL				
High School	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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EMPLOYEE INFORMATION

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Expiration date _____

Date of Birth: _____

Employee Use

Are you a US citizen? **Y** or **N**

Security Clearance: Yes ___ No ___ **Level:** _____ **By Whom:** _____

When: _____

City of Birth: _____ **State of Birth:** _____

With what contractor or government agency: _____

*It is the **APPLICANT'S RESPONSIBILITY** to be able to obtain and maintain a valid security clearance and/or a favorable background/credit check obtained by **ROWE** through a contracted independent agency. If applicant is unable to obtain/maintain a valid clearance because of an **UNFAVORABLE BACKGROUND/CREDIT CHECK** this is **GROUNDS FOR Immediate TERMINATION/RELEASE** due to mandated government contract requirements, regulations and procedures.*

Applicant Signature: _____

MILITARY HISTORY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOUU CURRENTLY A MEMBER OF THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

WORK HISTORY

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
			From To
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?

- Yes
- No

Did you complete this application yourself?

- Yes
- No

If not, who did? _____

Applicant's Signature: **X** _____

Date: **X** _____

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POST APPLICANT INFORMATION FORM

TO BE COMPLETED **AFTER EMPLOYEE HAS BEEN **HIRED****

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

To Be Completed By Employer

Date of employment _____ Job title _____

Job site: _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number _____

Background Investigation Completed _____ (date)

Name of person verifying information _____
(Print) (Signature)

Name of person authorizing employment _____
(Print) (Signature)