

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME	<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>	<small>DATE</small>	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
PRESENT ADDRESS	<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>	<small>HOW LONG?</small>
PERMANENT ADDRESS	<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>	<small>HOW LONG?</small>
PHONE NO.					ARE YOU 18 YEARS OR OLDER? YES NO
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?					YES NO

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO RIVERBEND BEFORE?	WHERE?	WHEN?
REFERRED BY		

EDUCATION	NAME AND LOCATION OF SCHOOL	* NO. OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CMIC, ATHLETIC, ETC.)
EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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DATES OF SERVICE	TYPE OF DISCHARGE
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* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 yrs of age.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

EVER BEEN CONVICTED OF A CRIME? (IF YES, PLEASE LIST BELOW)

YES NO

DATE	CHARGE	PLACE WHERE ARRESTED AND NAME OF LAW ENFORCEMENT AUTHORITY	ACTION TAKEN

REFERENCES:

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DAY OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.*

DATE

SIGNATURE

DRUG FREE WORKPLACE

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

Riverbend Pre-Employment Drug Free Agreement

As a job applicant, I freely and voluntarily agree to a urinalysis drug screen as part of my application for employment and I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until Riverbend receives a negative pre-employment drug test result. If I am employed by Riverbend, I understand and agree to abide by Riverbend's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, as stated above.

Applicant signature

_____/_____/_____
Date

Riverbend Pre-Employment Background Check Agreement

In connection with your application for employment, understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of the reporting agency, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Applicant signature

_____/_____/_____
Date

Riverbend Pre-Employment E-Verify Agreement

I understand that if I am offered a job with Riverbend, they will provide the Social Security Administration (SSA) and, if necessary, the Dept of Homeland Security (DHS) with information from my completed I-9 form to confirm work authorization. If the Government cannot confirm that I am authorized to work, Riverbend is required to provide me written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against me, including terminating my employment. I understand I am still completing the application process and will not officially be an employee until Riverbend receives a work authorization. If I am employed by Riverbend, I understand and agree to abide by Riverbend's E-Verify policy, under Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996.

Applicant signature

Print Name

_____/_____/_____
Date