

Employment Application

Rocky Mountain Communication Specialties, Inc.

300 Madison Avenue, P.O. Box 7355

Loveland, CO 80537

Phone: 970-203-1001 Fax: 970-622-0099

It is the policy of Rocky Mountain Communication Specialties, Inc. to provide a drug free environment. This policy requires pre-employment testing for all potential employees. Equal employment opportunities are provided to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Name: _____

Address: _____

City/ State/ Zip: _____

Number of years at this address: _____

Daytime Phone: _____ **Evening Phone:** _____

Social Security Number: _____

18 Years of age or older and physically able to do the job? Yes _____ No _____

Drivers License Number: _____ **What state is your license issued?** _____

Is this a Commercial Drivers License? Yes _____ No _____

Job position applying for: _____

Are you willing to travel to out of state jobs? _____ **Long term?** _____

Emergency Contact:

Name of Contact: _____

Address: _____

City / State / Zip: _____ Phone number: _____

Referral Source:

Who referred you to our company? _____

Are you willing to work any shift, including nights and weekends: Yes _____ No _____

If no, please state limitations: _____

If you were offered employment, when would you be available to begin work? _____

Are you legally eligible for employment in the United States? **Yes** _____ **No** _____

Applicant Employment History: List your current or most recent employment first.

Employer Name: _____

Address: _____

City/ State/ Zip: _____

Telephone number: _____

Job Duties: _____

Dates of Employment (Month/Year): _____

Reason for Leaving: _____

Employer Name: _____

Address: _____

City/ State/ Zip: _____

Telephone number: _____

Job Duties: _____

Dates of Employment (Month/Year): _____

Reason for Leaving: _____

Employer Name: _____

Address: _____

City/ State/ Zip: _____

Telephone number: _____

Job Duties: _____

Dates of Employment (Month/Year): _____

Reason for Leaving: _____

May we contact these employers? Yes _____ No _____
 If not, please explain: _____

Applicant's Education and Training:

High School attended: _____

Last grade completed? 9 ___ 10 ___ 11 ___ 12 ___ Diploma: Yes ___ No ___

College attended: _____

Did you receive a degree? Yes ___ No ___ If yes, degree received: _____

Other Training (Graduate, Technical, Vocational): _____

Awards, Honors, Special Achievements: _____

Please provide any additional information that you believe should be considered: _____

Applicant's Skills:

List any skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability while five represents exceptional ability.)

Skills	Years of Experience	Ability				
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

References:

List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/ State/ Zip: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/ State/ Zip: _____

Telephone: _____

Relationship: _____

EQUIPMENT EXPERIENCE	
EQUIPMENT	YEARS

CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing, and signed by an authorized company representative.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE