

Application for Employment

Rainfall Irrigation

Name _____ Date _____
Last First Middle

Address _____
Street City State ZIP

Phone # () _____ Other # () _____ E-mail _____

Referred by _____

Position(s) applied for _____ Date available _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Wage desired \$ _____ hour If currently employed, may we contact your employer? Yes No

Are you legally eligible for employment in this country? Yes No

If you are under 18 and it is required, can you furnish a work permit? Yes No

Are you available to work overtime if required? Yes No

Have you applied with this company before? Yes No

Have you been employed at this company before in any capacity? Yes No

If **yes**, when? _____ and at what location? _____

Do you have any friends or family employed at this location? Yes No

We work on job sites where security clearances and bonding are required. Do you think there's any reason you cannot be cleared or bonded? Yes No

If **yes**, please explain _____

NOTE: THIS WILL **NOT** NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT

Your Educational Background...

List the previous three (3) educational institutions you attended, beginning with the most recent.

SCHOOL	CITY, PROVINCE	GRADUATED?	DEGREE(S)/DIPLOMA(S) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Background...

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?		\$	per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCE?		HOURLY RATE/SALARY		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		FINAL		

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCE?		HOURLY RATE/SALARY		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		FINAL		

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCE?		HOURLY RATE/SALARY		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		FINAL		

Use additional sheets if you need them...

Comments – including an explanation of any gaps in employment: _____

Please completely answer all of the following questions...

What was the best job you've ever had? Why did you like it so much? _____

What was your least favorite job? What did you **not** like about it? _____

Who was the best supervisor or manager you've had? What characteristics made that person a good manager? _____

Think of the **worst** supervisor or manager you've had. What characteristics made that person a **poor** manager? _____

What are your greatest strengths? _____

As your skills and abilities relate to your work experiences, what are the areas for improvement? _____

What traits or characteristics do you most admire in co-workers? _____

What traits or characteristics do you most **dislike** in co-workers? _____

If you won five million dollars and could do anything you wanted for work, what would it be? _____

What was the funniest thing that ever happened to you at work? _____

What do you think is the most difficult part of sales / customer service work? _____

Imagine you've been on your feet and working hard all day. A customer or prospect you're servicing becomes rude and impatient, what would you do?

Your Personal References...

List the name, relationship, number of years acquainted, and phone number of as many as three personal references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

Your Professional References...

List the name, professional relationship, number of years acquainted, and phone number of at least three references who can speak for you on business/job basis. (Again, no relatives, please)

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct.

*I authorize **Rainfall Irrigation** to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts asked for may be cause for immediate disqualification and/or if employed, immediate dismissal.*

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

I understand if I'm hired, I may be required to provide proof of identity and legal authority to work in the United States.

Applicant's Signature _____ **Date** _____