



RAMS Employment Application Form

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, national origin, ancestry, sex, gender, sexual orientation, sexual identity, age, religion, creed, disability (actual or perceived), medical condition including genetic characteristics, marital status, domestic partnership status, citizenship, military service, height, weight, HIV/AIDS status or any other characteristic protected by state or federal law or local ordinance. We intend for all qualified applicants to be given equal opportunity and that selection decisions be based on job-related factors.

Each question must be fully and accurately answered. Use blank paper if you do not have enough room on this application. Hard-copy form may be submitted or scanned/mailed (must have manual signature on 2nd page), or completed & submitted electronically (email shall serve as signature). In reading/answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based up on non-job-related information.

Position Applied for: _____ Date you are available: _____

Are you seeking: Full-Time Part-Time Temporary employment? How did you hear about job opening? _____

PERSONAL INFORMATION

Last	First	Middle Initial	() - Home Telephone Number
Street Address	Apartment Number		() - Alt. Telephone Number
City	State	ZIP Code	E-mail Address
Have you ever applied to work for RAMS before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, when & what position:	
Do you have any friends or family working at RAMS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, state their name(s) and relationship(s):	
Can you perform essential functions of the job with or without accommodation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, describe essential functions you cannot perform:	
Are you authorized to work in the U.S. without need for employer sponsorship?	YES <input type="checkbox"/> NO <input type="checkbox"/>	You shall be asked to provide proof of eligibility/authorization upon hire	

EDUCATION & TRAINING

HIGH SCHOOL:	Location (City/State):
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Focus of Study: _____	
COLLEGE:	Location (City/State):
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Focus of Study: _____	
GRADUATE WORK:	Location (City/State):
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Focus of Study: _____	
OTHER:	Location (City/State):
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Focus of Study: _____	
Licensed or Registered? YES <input type="checkbox"/> NO <input type="checkbox"/> License or Registration: _____	License or Registration #: _____
Was license ever revoked/suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, state reason(s), date of revocation or suspension, and date of reinstatement: _____	
List any other experience, skills, or qualifications that make you especially qualified for this job/position: _____	

List any languages besides English in which you are most proficient (and indicate proficiency/abilities): _____ Speak Read Write Provide services

PREVIOUS EMPLOYMENT

Please list previous employment in REVERSE chronological order, with current or most recent employment first.

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____



PREVIOUS EMPLOYMENT (continued from previous page)

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

PROFESSIONAL REFERENCES

Please provide the names and contact information of three people who were in a SUPERVISORY role in your previous jobs & who can attest to your skills and qualifications related to those required for this position (NOT PERSONAL REFERENCES, e.g. friends or family, or PEERS, e.g. co-workers)

Full Name: _____ Title/Relationship: _____

Company Name _____ Telephone Number () - _____

Company Address _____ E-mail Address _____

Full Name: _____ Title/Relationship: _____

Company Name _____ Telephone Number () - _____

Company Address _____ E-mail Address _____

Full Name: _____ Title/Relationship: _____

Company Name _____ Telephone Number () - _____

Company Address _____ E-mail Address _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand and acknowledge the following (INITIAL each box next to each item, and SIGN/DATE below):

_____ I authorize investigation of all statements contained in this application and any supporting documents. I authorize RAMS to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my qualifications for employment, and I hereby release all parties from any liability arising from such investigation.

_____ If I am offered employment, I will, as a condition of employment, furnish proof of my identity, that I am over 18 years of age, and furnish proof of my right to work in the United States.

_____ I understand that if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, may result in my immediate dismissal.

_____ I agree that, if I am offered a position, it will be offered on the condition that MY EMPLOYMENT SHALL BE "AT-WILL" AND FOR NO DEFINITE PERIOD, AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME BY ME OR BY RAMS, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE. I understand that, except for the Chief Executive Officer of RAMS, no person may alter or amend this agreement about my "at-will" status. Only the Chief Executive Officer of RAMS has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and any such agreement must be in writing signed by me and the Chief Executive Officer of RAMS.

My signature below certifies that I have read, understand, and agree to the foregoing and to the best of my knowledge and belief the information on the application is true and correct.

Signature

Date

IF SUBMITTING HARD-COPY OR SCANNED COPY: MANUAL SIGNATURE REQUIRED
IF COMPLETING ELECTRONICALLY: INDICATE "EMAIL SERVES AS SIGNATURE"