

NAME (Last, First, M.I.)

DATE



APPLICATION FOR EMPLOYMENT

NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER
STREET ADDRESS	HOME PHONE ()
CITY, STATE, ZIP	CELL PHONE ()
POSITION APPLYING FOR:	DATE
EMAIL ADDRESS:	

RuffaloCODY Is An Equal Opportunity Employer (M/F/H/V)

RuffaloCODY
Personal and Confidential

FOR INTERNAL USE ONLY	
Interviewed by: _____	Date: _____
Interviewed by: _____	Date: _____
Interviewed by: _____	Date: _____

PERSONAL DATA

Last Name		First	Middle	Date
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____				Employment Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Days <input type="checkbox"/> Part-Time <input type="checkbox"/> Evenings <input type="checkbox"/> Either <input type="checkbox"/> Weekends
Have you ever been employed by RuffaloCODY? If yes, dates of employment _____ to _____ and position held _____				Date Available for Employment
Please indicate source of referral to RuffaloCODY: <input type="checkbox"/> RuffaloCODY Employee <input type="checkbox"/> Private Employment Agency Name _____ <input type="checkbox"/> State Employment Agency <input type="checkbox"/> College Campus Recruiter <input type="checkbox"/> Contacted on Own <input type="checkbox"/> Newspaper Ad/Publication <input type="checkbox"/> Other _____ Name _____				Salary Requirement
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, Work Visa Number _____ Effective Dates _____ to _____				Preferred Location: Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Educational Institution	Name & Location Of Educational Institution	Years Completed		Degree	Major	Date Graduated
		From	To			
High School						
College/ University						
Business/ Technical School						
Other						

List any Professional/Technical Publications of which you are Author (title, place of publication, date). Patents or Professional Certifications/Licenses that you h

MILITARY HISTORY

Describe duties and any training received		Branch of Service
Rank at Discharge	Date of Final Discharge	Period of Active Duty (Month/Year) From _____ To _____

EMPLOYMENT HISTORY

Please give complete, accurate full-time and part-time employment record. Beginning with you present or most recent employer. **Simply attaching a resume will not be sufficient.**

Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ()
Reason(s) for Leaving		
Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ()
Reason(s) for Leaving		
Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ()
Reason(s) for Leaving		
Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ()
Reason(s) for Leaving		

SPECIAL SKILLS			
Data Processing	Hardware		
	Software		
Secretarial and Clerical	Office Machines/Word Processors You Can Operate		
	Typing Speed W.P.M.	Data Entry K.P.H.	Other
Additional Skills/Affiliations; Specialized Training; or Additional Languages			
Do you have any telemarketing experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type of telemarketing did you perform? Choose which apply:			
<input type="checkbox"/> Survey/Market Research <input type="checkbox"/> Sales <input type="checkbox"/> Lead Generation <input type="checkbox"/> Fundraising <input type="checkbox"/> Other			

REFERENCES		Please list three professional references.		
Name	Address	Home and Work Phone(s)	Occupation	Years Known
		H:		
		W:		
		H:		
		W:		
		H:		
		W:		

Have you had any driving violations in the past 4 years? _____
If so, please give dates and nature of the violations: _____

Have you ever pled guilty or no contest to, been convicted of, or received a deferred sentence with respect to any crime, other than a simple misdemeanor? (You are not required to provide information about a conviction which has been annulled, expunged or sealed by a court.)
If YES, describe in full: _____

NOTE: Your conviction record will not necessarily disqualify you from employment.

RuffaloCODY APPLICANT STATEMENT

PLEASE READ CAREFULLY, SIGN AND DATE:
By signing below, I certify that misrepresentation or omissions in this application or in other information I give to RuffaloCODY orally or in writing may be cause for reject or may be cause for subsequent dismissal if I am hire
I voluntarily authorize RuffaloCODY to make investigations of my person, employment, and other related matters as may be necessary in arriving at any employ decision or verifying information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I offered employment, I understand the offer is contingent on the outcome of any investigations or reference check satisfactory to RuffaloCO
If I am employed, I understand that I may be required to sign agreements regarding noncompetition and regarding secrecy of communications and inventions, discover or developments that I make, discover, or develop during my employment at RuffaloCOD
In accordance with RuffaloCODY policy to maintain a drug-free workplace, employees may be subject to drug testing throughout their employment in accorda with the law. I hereby agree to drug testing as required by RuffaloCODY policy and release RuffaloCODY from all liability arising from such testi
I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Re and Control Act of 1986.
If I am employed, I understand that my employment is "at will" and for no definite period of time. Either RuffaloCODY or I may terminate my employment at time, with or without cause and with or without notice. I further understand that my employment is at will regardless of any statement made by a RuffaloCODY ag or employee or in a RuffaloCODY policy, practice, handbook, program, or any other written or oral materials. I understand that no representatives of RuffaloCOI other than the President of RuffaloCODY have the authority to make arrangements with me concerning the length of my employment. Such agreements must l in writing and signed by the President of RuffaloCODY

SIGNATURE OF APPLICANT _____ DATE _____

RuffaloCODY and all affiliated companies afford equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.