

Employment Application

		Applicar	nt Informa	ation					
Full Name:					Date:				
	Last	First			M.I.				
Address:									
	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Phone:			Email						
Date Available: Social Security No.:				Desired Salary:					
Position App	olied for:								
	tizen of the United State	YES NO			authorized to wor	YES k in the U.S.?	NO		
Have you ev	ver worked for this comp	YES NO Dany?	If yes, v	when?_					
Have you ev	ver been convicted of a	YES NO felony?							
If yes, expla	in:								
		Ed	lucation						
High School	l:	Addre	ss:						
From:	To:	Did you gradua	YES te?	NO	Diploma::				
College:		Addre	ess:						
From:	To:	Did you gradua	YES te?	NO	Degree:				
Other:		Addre	ess:						
From:	To:		YES	NO	Degree:				

References Please list three professional references. Relationship: Full Name: Company: Phone: Address: Relationship: Full Name: Phone: Company: Address: Relationship: Full Name: Company: Phone: Address: Previous Employment Company: Phone: Supervisor: Address: Starting Salary: Ending Salary:\$ Job Title: Responsibilities: _____ To:___ Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference? Company: Phone: Supervisor:_____ Address: Ending Salary:\$_____ Starting Salary:\$ Job Title: Responsibilities: _____ To:____ Reason for Leaving:_____ From: YES NO May we contact your previous supervisor for a reference? П

Company:	Phone:					
Address:	0					
Job Title: Starting	Salary: \$ Ending Salary: \$					
Responsibilities:						
From: To:						
May we contact your previous supervisor for a reference?	YES NO					
Militar	y Service					
Branch:	From: To:					
Rank at Discharge:	Type of Discharge:					
If other than honorable, explain:						
Disclaimer	and Signature					
I certify that my answers are true and complete to the b	est of my knowledge.					
If this application leads to employment, I understand the interview may result in my release.	at false or misleading information in my application or					
Signature:	Date:					

CONFIDENTIAL

Background Check Authorization

Print Name:								
(First)		(Middle)	(Last)					
Former Name(s) and Dat	tes Use	d:						
Current Address Since:								
	(Mo/Yr)	(Street)		(City)	(Zip/State)			
Previous Address From:				2011	771-101-1-1			
Previous Address From:	(Mo/Yr)	(Street)		(City)	(Zip/State)			
Tevious Address From.	(Mo/Yr)	(Street)		(City)	(Zip/State)			
Social Security Number:				DOB:				
Telephone Number:								
Drivers License Number/	State:							
hereby authorize RITS, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not imited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. If further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to RITS, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. RITS, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.								
Signature:				Date:				
Notice to California, Minne Please check the box below I wish to receive a copy of	if you w	vish to receive a	copy of a consur		requested.			