## **RAWAH RANCH EMPLOYMENT APPLICATION**

Security card or current passpor	-	· ·		cense and	i Social		
Position(s) Applying for:							
Seeking: Full Season  Part-time	Available Start Date:	Last Availa	able Work Date:				
Last Name	First Name		Middle Initial				
Street Address	City	State	Zip				
Email Address		Phone Number					
Are you at least 18 years old? (If you are hired, you may be required to				Yes 🗌	No 🗌		
If hired, can you verify that you are	eligible to work in the United States	?		Yes 🗌	No 🗌		
Have you ever applied at Rawah Ra	anch before? Yes 🗌 No 🗌	If yes, when?					
Were you ever employed at Rawah	Ranch? Yes 🗌 No 🗌 If y	ves, when?					
Have you ever been convicted of ar Include any plea of "guilty" or "no co		ons.)		Yes 🗌	No 🗌		
If yes, give details (A conviction will not necessa	rily disqualify an applicant for employme	ent.)					
If employed by Rawah Ranch, do yo	ou expect to be engaged in any add	ditional employment? .		Yes	No 🗌		
If yes, give details							
Do you have a valid driver's license	9?			Yes 🗌	No 🗌		
You may be requested to necessarily disqualify an appl	o drive during your employment. licant for employment ):	Please provide the inf	ormation below (A p	orior violatior	n will not		
Have you had your driver's	s license suspended or revoked in t	he last 3 years?		Yes 🗌	No 🗌		
If yes, give details:							
EDUCATION List name and address of schools		Years Completed	Diploma/Degree/ Certificate/ Area of Study				
High School or GED:							
College or University:							
Vocational or Technical:							
What skills or additional training do	you have that relate to the job for w	hich you are applying?					
What machines or equipment can y	ou operate that relate to the job for	which you are applying	?				

	g military service and perio	ods of unemployment. If self-employed, give firm nar eptable references from current and former employers.		business		
NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО			
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО			
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО			
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
NAME OF EMPLOYER	•	JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО			
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
Have you worked or attended school under any other names?			. Yes 🗌	No 🗌		
Are you presently employed?				No 🗌		
Have you ever been fired from	m a job or asked to resign?	?		No 🗌		
Provide three references who	o are not relatives:	Address	Phone			
	CERTIFICATION AND	ACKNOW! EDGMENT DEAD CADEFULLY				
CERTIFICATION AND ACKNOWLEDGMENT — READ CAREFULLY  I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.  I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITHOUT NOTICE.  I have read, understand, and by my signature consent to these statements.						
Signature:		Date:				

This application for employment will remain active for a limited time. Ask the organization's representative for details.