



**RODGERS & COMPANY
EMPLOYMENT APPLICATION**

Name _____ Date _____
Last First M.I.

Address _____ Phone # _____
Street city state zip

Mobile Phone # _____

Social Security # _____

Have you applied here before? Yes No When? _____

AVAILABILITY: For which position are you applying? _____

Start When _____ Full time Part time Temporary Other _____

For which schedules are you available? * Weekday Weekends Evenings Nights

Overtime Shift Other _____

* Reasonable efforts will be made to accommodate religious beliefs and practices

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to employment. After an offer of employment, and prior to reporting to work, you will be required to submit to medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

JOB-RELATED SKILLS Note: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?
Name of license: _____ DL # _____ Type _____ State _____

Yes No Have you had any moving violations? Please describe _____

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

List languages in which you are fluent: _____

SECURITY List states and counties of residence for the past seven years _____

Yes No Have you used any names or Social Security Numbers other than given above?

If so, please list _____

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below (conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

Incident

City/State

Charge

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Collages Attended:

Years Year Grad. Degree

Describe any special qualifications for this job:

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/phone	Years known/Relationship

Are you a veteran of the U.S. Military service? [] Yes [] No

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note of page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/ or its agents, including consumer reporting bureaus, to verify and of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____

Date _____

submit application by mailing to

Rodgers & Company, Inc.
2615 Isleta Blvd. SW
Albuquerque, NM 87105
attn.: human resources director
