

RHODES INTERNATIONAL, INC.
WI JOB APPLICATION

All applicants must complete and sign this Job Application form to be considered for employment. Completion of this form does not guarantee that you will be employed by the Company. Incomplete Applications will not be processed. Applicants are also required to consent to a background check as part of the employment process. No offers of employment will be made until after the review of Applications.

Name: _____ Date: ____ - ____ - ____

Address: _____
Street City

County: _____ State: _____ Zip: _____

Home Telephone No. (_____) ____ - _____

Cell Phone No. (_____) ____ - _____

Email Address: _____

May we contact you regarding your job application by email? Y / N

Position Applied For: _____

Indicate your shift preference [1st (days), 2nd (late afternoon/evening), or 3rd (overnight)]:

How did you hear about opportunities at Rhodes? _____

If referred by a current employee, please tell us who: _____

Have You Worked for Rhodes before? Y / N If Yes, When? _____

Special Skills You Have: _____

EDUCATION:

High School Name: _____

Location: _____
City State

Telephone: (_____) ____ - _____ Graduated/GED? Y / N

Applicant Name: _____

Trade School Name: _____ **Telephone:** (_____) _____ - _____

Location: _____
City State

Major: _____ **Graduated:** Y / N **Degree:** _____

College Name: _____ **Telephone:** (_____) _____ - _____

Location: _____ **Years:** _____
City State

Major: _____ **Graduated:** Y / N **Degree:** _____

List Any Other Training You Want Us to Know About: _____

EMPLOYMENT EXPERIENCE:
(Please list the most recent first.)

Current Employer: _____ **Location:** _____
City State

Phone #: (_____) _____ - _____ **Job Title:** _____

Employment Dates – From: _____ **To:** _____

1st Prior Employer: _____ **Location:** _____
City State

Phone #: (_____) _____ - _____ **Job Title:** _____

Employment Dates – From: _____ **To:** _____

Applicant Name: _____

2nd Prior Employer: _____ **Location:** _____
City State

Phone #: (_____) _____ - _____ **Job Title:** _____

Employment Dates – From: _____ **To:** _____

3rd Prior Employer: _____ **Location:** _____
City State

Phone #: (_____) _____ - _____ **Job Title:** _____

Employment Dates – From: _____ **To:** _____

4th Prior Employer: _____ **Location:** _____
City State

Phone #: (_____) _____ - _____ **Job Title:** _____

Employment Dates – From: _____ **To:** _____

5th Prior Employer: _____ **Location:** _____
City State

Phone #: (_____) _____ - _____ **Job Title:** _____

Employment Dates – From: _____ **To:** _____

I understand that it is Company policy to verify education and employment history and that the Company may also secure an investigative consumer report concerning me. I give the Company permission to do so. I understand that failure to reveal a prior employer or giving false or misleading information on any part of this Application for employment, may result in my not being considered for employment. If not discovered by the Company until after my becoming employed, I acknowledge that it shall be grounds for and may result in my immediate dismissal. I certify that the information contained in my Job Application is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____ - _____ - _____