

REINHOLD ENTERPRISES

**COMPLETE
ELECTRICAL
SERVICES
and
CONSTRUCTION**

Application for Employment Drug Free Workplace

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(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

POSITION APPLIED FOR: _____ DATE: _____

(Last Name) (First Name) (Middle) (SS#)

(Street Address) (City) (State/Zip) (Phone #)

Are you at least 18 years old? _____ If not, state your DOB for child labor law purposes only. _____

Are you eligible to work in the U.S., either by Citizenship or I.N.S. Authorization? (Yes) _____ or (No) _____

Can you, within three days after employment, submit documentation verifying that you are legally eligible to work in the U.S.? _____

Do you possess a valid drivers licenses? _____ Do you have current vehicle insurance coverage? _____ Expiration date: _____

Have you ever been convicted of a crime other than a traffic violation? _____ (A conviction will not necessarily disqualify you.)

If yes, give offense in which you were charge and date of conviction of plea and jurisdiction. _____

Have you taken any illegal drugs in the last 30 days? _____

Have you ever applied or worked here before? _____ If yes, provide dates: _____

Are there any days, shifts or hours you will not work? _____ If yes, explain: _____

Is there anything you are not willing to perform if asked by your employer (Pertains to legal tasks only)? _____ If yes, explain: _____

Will you work overtime, if required? _____

When you will be able to start work? _____

Please list any friends or relatives currently employed here: _____

How did you learn of our company? _____

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign from any position? (Yes) _____ (No) _____ If yes, explain: _____

Have you signed any non-compete or restrictive agreement with any other employer that would restrict you from working with this company? _____

MILITARY (Complete only if you served in the Military)

Branch of Service: _____ Dates of Service: From: _____ To: _____

Rank at Discharge: _____ Date at Discharge: _____

Category or nature of discharge: _____

Describe any military skills, training or experience you believe are relevant to the job applied for:

EDUCATION (May or may not be considered, depending on job applied for)

Describe any educational degrees, diplomas or certificates you believe are relevant to the job applied for:

Describe any skills, training or experience you believe are relevant to the job applied for:

*** If applying for a Service Representative position, a criminal background check and a check on your driving record will be done.

Experience: (1.) Start with your present or last position and work back. (2.) If you were ever employed in any position under a different name, give name used in each position. (3.) Account for periods of unemployment.

May we contact?
Yes / No

Name of present or last employer _____

Address _____

City, State, Zip _____

Name & title of supervisor _____ Phone # _____

Reason for leaving _____

From		To	
Month	Year	Month	Year

Salary & Pay Period

Starting \$ _____

Final \$ _____

Your Title: _____

Job Duties _____

May we contact?
Yes / No

Name of firm or organization _____

Address _____

City, State, Zip _____

Name & title of supervisor _____ Phone # _____

Reason for leaving _____

From		To	
Month	Year	Month	Year

Salary & Pay Period

Starting \$ _____

Final \$ _____

Your Title: _____

Job Duties _____

May we contact?
Yes / No

Name of firm or organization _____

Address _____

City, State, Zip _____

Name & title of supervisor _____ Phone # _____

Reason for leaving _____

From		To	
Month	Year	Month	Year

Salary & Pay Period

Starting \$ _____

Final \$ _____

Your Title: _____

Job Duties _____

May we contact?
Yes / No

Name of firm or organization _____

Address _____

City, State, Zip _____

Name & title of supervisor _____ Phone # _____

Reason for leaving _____

From		To	
Month	Year	Month	Year

Salary & Pay Period

Starting \$ _____

Final \$ _____

Your Title: _____

Job Duties _____

May we contact?
Yes / No

Name of firm or organization _____

Address _____

City, State, Zip _____

Name & title of supervisor _____ Phone # _____

From		To	
Month	Year	Month	Year

Salary & Pay Period

Starting \$ _____

Final \$ _____

Your Title: _____

Job Duties _____

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document or interview will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentation or omissions of facts in any application document or interview will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment with Reinhold Enterprises is at will and is not for a specific term and may be terminated by me or Reinhold Enterprises at any time. I further understand that no oral promise, Reinhold Enterprises policy, custom, business practice or procedure constitute an employment contract or modification of the at-will employment relationship between me and Reinhold Enterprises.

I understand that any employment offer is contingent upon background checks including, but not limited to, successfully completing a post offer medical examination and /or drug test.

I understand Reinhold Enterprises will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I hereby release from liability all persons or employees who provide information to Reinhold Enterprises during the course of any such investigation.

I acknowledge that this application will remain active for 90 days from this date. If I have not heard from Reinhold Enterprises at the conclusion of this 90 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by Reinhold Enterprises.

Signature: _____

Date: _____