

RMC Events, Inc.

Application for Employment

Pre-Employment Questionnaire
Date (mm/dd/yyyy):

Equal Opportunity Employer

Personal Information

Full Name: _____
First
MI
Last

Permanent Address: _____
Street Address
Apartment/Unit #

Mailing Address: _____
City
State
ZIP Code

_____ *Street Address* *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Contact Information:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employment Desired

Position: _____ Date You can Start: _____ Salary Desired: _____

Are you Currently Employed? Yes No If so, may we contact your present employer? Yes No

Have you ever applied to this company before? Yes No Where? _____ When? _____

Are you currently DCJS registered? Yes No If so, what is Registration Number? _____

What is the Expiration Date? (mm/dd/yyyy): _____ Type: _____

How did you hear about RMC Events, Inc.? _____

If from a current employee, who referred you? _____

U.S. Military or Naval Service: _____ Rank: _____

Education History

Name/Location	Years Attended	Graduate?	Subjects Studied?
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Specialized Schools		Yes <input type="checkbox"/> No <input type="checkbox"/>	

General Information

Subjects of Special Study/Research, Work, or Special Training:

Criminal History

Have you ever been convicted of a felony or misdemeanor? Yes No

If so, please give the following information:

Charge	Location	Date	Disposition

Employment History
Last or Present Employer

Name:		Supervisor:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Salary:	
Start Date:		End Date:	

Employer #2

Name:		Supervisor:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Salary:	
Start Date:		End Date:	

Employer #3

Name:		Supervisor:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Salary:	
Start Date:		End Date:	

Employer #4

Name:		Supervisor:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Salary:	
Start Date:		End Date:	

AUTHORIZATION:

I certify that the information on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also agree and understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Further, I understand that my continued employment with RMC Events may be contingent upon my successful completion of the state required, Entry Level Unarmed Security Licensing class within the first ninety (90) days of my employment.

Date: 09/22/2009 Signature: _____

=====DO NOT WRITE BELOW THIS LINE=====

Remarks: _____

Overall: _____ Pay rate: _____ Class Date: _____ Location: _____

Approved: _____ Approved: _____
 Operations Manager President