



**RICCONSTRUCTION**  
RELIABLE INDUSTRIAL CONSTRUCTION

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Position Applied for \_\_\_\_\_

Referred by \_\_\_\_\_

Education \_\_\_\_\_

School Name \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

Name of College or Trade School \_\_\_\_\_

Course completed or Degree \_\_\_\_\_

### Work History

May we contact your employers? Yes No

Last Employer \_\_\_\_\_

Phone Number \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Wages \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position \_\_\_\_\_



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**Employer** \_\_\_\_\_

Phone Number \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Wages \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position \_\_\_\_\_

**Employer** \_\_\_\_\_

Phone Number \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Wages \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position \_\_\_\_\_

Have you served on active duty in the US military? Yes No

Have you ever filed for Workers' Compensation? Yes No

What type of injury did you have? \_\_\_\_\_



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### **CONSENT FOR DRUG/ALCOHOL SCREENING**

If you are offered and accept employment with RIC, INC., you will be working with and around machinery and equipment that can cause injury to yourself and others. In the interest of safety for all concerned, you will be required to take a urine test for alcohol and/or drug use. During your employment, RIC, INC. may also require you to take random and post-accident urine tests for alcohol and/or drug use.

I, \_\_\_\_\_ have been fully informed by my potential employer of the reason for this urine test for alcohol and/or drugs. I understand what I am being tested for for the procedure involved, and I hereby freely give my consent. I also understand that the results of this test will be sent to my potential employer and become part of my record.

I authorize these tests to be released to RIC. INC.

Signature \_\_\_\_\_ Date \_\_\_\_\_