



<b>EMPLOYMENT HISTORY</b>		GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK				
COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	RATE OF PAY (HR/WK/MO)	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
			START:	END:		
			END:	FROM:		
TYPE OF BUSINESS:						
COMPANY NAME AND LOCATION	TELEPHONE		START:	END:		
			END:	FROM:		
TYPE OF BUSINESS:						
COMPANY NAME AND LOCATION	TELEPHONE		START:	END:		
			END:	FROM:		
TYPE OF BUSINESS:						
COMPANY NAME AND LOCATION	TELEPHONE		START:	END:		
			END:	FROM:		
TYPE OF BUSINESS:						
PLEASE LIST AND EXPLAIN GAPS IN EMPLOYMENT HISTORY;						

**Conviction Summary:**

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**ACKNOWLEDGMENT**

1. I understand that if I am being considered for employment by RHC ("the Company"), I will be required to submit to a post-offer physical and drug/alcohol testing (which will be paid for by the Company) and to authorize the release of the physical examination results and test results to the Company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
2. I also understand that as part of my Application for Employment that at any time during the course of such employment, I may also be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others. I hereby authorize all providers of health care who examine me to disclose to my employer or any of its agents, representatives and employees, including attorneys, all medical information revealed during such examinations that impacts my job performance. I understand this authorization will remain valid for five years from the date of this Application, and that if I become employed this authorization will remain in effect for five years after my employment terminates. I understand that I have the right to receive a copy of this authorization.
3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.
4. I authorize my employer to make any investigation deemed necessary for employment consideration within the organization.
5. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with the Company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other.
6. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
7. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).
8. I acknowledge that I have read all of the above statements and that I understand them.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_