



APPLICATION FOR EMPLOYMENT

RHPC is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law.

PERSONAL

Please print all information except your signature.

Date: _____

Name _____ Telephone No.: _____
LAST FIRST M.I.

Present Address _____
NO. STREET CITY STATE ZIP

Previous Address _____
NO. STREET CITY STATE ZIP

Positions applied for _____
Indicate hours and days of availability. (Unavailability should be limited to reasons other than religious observances and practices or military training.)

Rate of pay expected \$ _____ per hr.

Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____
Thursday _____	No preference _____

If your application is considered favorably, on what date will you be available for work? _____ How were you referred to RHPC for employment:

Were you previously employed by us? _____ If yes, when? _____ Advertisement Friend

If you are hired, will you have reliable transportation to RHPC place of work? _____ Current Employee Other

Are you authorized to work in the United States? _____
(You will be required upon employment to submit verification of your legal right to work in the United States.)

Use the space below to summarize any additional experiences or skills that help qualify you for the position for which you are applying. You may exclude any activities that reflect personal characteristics protected by law (e.g., religion, race, disability, etc.)

EDUCATION

NAME OF SCHOOL AND CITY	GRADUATED		YEARS COMPLETED	MAJOR	GRADE POINT AVERAGE
	YES	NO			
HIGH SCHOOL				 	
COLLEGE					
GED OR OTHER					
HOBBIES; INTERESTS					

EMPLOYMENT

LIST YOUR LAST THREE WORK EXPERIENCES BEGINNING WITH YOUR MOST RECENT

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
	FROM (MM/YY)	TO (MM/YY)		
ADDRESS				<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain: _____ _____ _____ _____
CITY & STATE	RATE OF PAY	RATE OF PAY		
PHONE NUMBER				
TYPE OF BUSINESS	POSITION	POSITION		
NAME OF SUPERVISOR				
NAME OF EMPLOYER	EMPLOYMENT DATES			<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain: _____ _____ _____ _____
ADDRESS	FROM (MM/YY)	TO (MM/YY)		
CITY & STATE	RATE OF PAY	RATE OF PAY		
PHONE NUMBER				
TYPE OF BUSINESS	POSITION	POSITION		
NAME OF SUPERVISOR				
NAME OF EMPLOYER	EMPLOYMENT DATES			<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain: _____ _____ _____ _____
ADDRESS	FROM (MM/YY)	TO (MM/YY)		
CITY & STATE	RATE OF PAY	RATE OF PAY		
PHONE NUMBER				
TYPE OF BUSINESS	POSITION	POSITION		
NAME OF SUPERVISOR				

PLEASE LIST THREE PROFESSIONAL REFERENCES

NAME: _____ PHONE #: _____	COMPANY: _____ RELATIONSHIP: _____
NAME: _____ PHONE #: _____	COMPANY: _____ RELATIONSHIP: _____
NAME: _____ PHONE #: _____	COMPANY: _____ RELATIONSHIP: _____

The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal.

I understand and agree that all information furnished in this application may be verified by RHPC or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education information to RHPC I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give ALDI Inc. all information relative to such verification and hereby release such individuals, organizations and RHPC from any and all liability for any claim or damage resulting therefrom.

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986.

I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of RHPC as stated in the employee handbook, any policy and procedure manual or other communications to employees. I further understand that ALDI Inc.'s policies and procedures are subject to modification without notice.

I understand that RHPC is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment either express or implied. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than the Executive Director of RHPC has any authority to enter into any agreement contrary to the foregoing. If hired, nothing in this application shall restrict my right as an employee or the right of RHPC as an employer to terminate my employment at any time, with or without notice and with or without cause. I hereby acknowledge that I have read and understand the above statement.

Signature of Applicant: _____ Date: _____