

Please fax application back to (505) 326-0305 Attn: Vice President

# APPLICATION FOR EMPLOYMENT

Riley Industrial Services is an Equal Opportunity Employer

## Personal Information

Name (last, first, middle) \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_ Cell Phone: (      ) \_\_\_\_\_

Message Phone: (      ) \_\_\_\_\_ Beeper Number (      ) \_\_\_\_\_

Name of person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Qualifications (Please refer to the Job Classification Description Sheet in the New Employee Orientation Booklet you just read)

Please check any of the classifications below you feel you are qualified for (refer to Job Classification Description)

<input type="checkbox"/>	Entry Level	<input type="checkbox"/>	Heavy Duty Coatings Applicator	<input type="checkbox"/>	Superintendent
<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	CDL Driver (A or B) circle one	<input type="checkbox"/>	Clerical / Secretary
<input type="checkbox"/>	Helper	<input type="checkbox"/>	Vacuum Truck Operator	<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Sandblaster	<input type="checkbox"/>	Tower Mechanic	<input type="checkbox"/>	Welder
<input type="checkbox"/>	Hydroblaster	<input type="checkbox"/>	Air Preheater and/or Suction Roll	<input type="checkbox"/>	Mechanic
<input type="checkbox"/>	Painter	<input type="checkbox"/>	Junior Foreman/Hydroblast Operator	<input type="checkbox"/>	Janitorial
<input type="checkbox"/>	Light Epoxy and Coatings Applicator	<input type="checkbox"/>	Senior Foreman	<input type="checkbox"/>	
<input type="checkbox"/>	Other _____				

Please list any related work experience or specialized training that you feel applies to our type of services

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## Work History: List the last employers, starting with the most recent (include resume if applicable)

	Name, phone number, and city of employer	Position	Salary	Dates employed	Reason for leaving
1					
2					
3					
4					
5					

## Education Record

High School (name, city, state) \_\_\_\_\_

Graduation date: \_\_\_\_\_

College, business or technical school: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Date graduated: \_\_\_\_\_

Degree earned: \_\_\_\_\_

## General Information

Type of drivers license  Operator  CDL Expiration date: \_\_\_\_\_ State issued: \_\_\_\_\_

CDL classifications and endorsements: \_\_\_\_\_

Any restrictions on license?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been convicted of DWI?  Yes  No If yes, how many? \_\_\_\_\_ What years? \_\_\_\_\_

If you do not have a license you must NEVER operate a Riley Industrial company vehicle.

Are you related to an employee of Riley Industrial Services, Inc.? \_\_\_\_\_

If so, to whom \_\_\_\_\_ Relationship? \_\_\_\_\_

Have you ever worked at Riley Industrial Services, Inc. before? \_\_\_\_\_ If so, list dates \_\_\_\_\_

Is there any reason that would prevent you from traveling out-of-town  Yes  No Why? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Are you currently on probation for anything?  Yes  No

If hired, will you provide a copy of your birth certificate?  Yes  No

## Business or Personal References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Please read and sign

I hereby declare all the foregoing statements to be true and correct, and authorize Riley Industrial Services, Inc. to check any motor vehicle records, law enforcement records, previous and/or present employment records, medical records, etc. at any time that Riley Industrial Services, Inc. should feel that it is necessary. In the event that I am employed, I understand that any misrepresentation made by me in filling out this application shall be considered sufficient cause for my dismissal without any advance notice. I further understand and authorize Riley Industrial Services, Inc. to withhold, upon my resignation/termination, payment for any monies, unreturned equipment, Employee Safety Manual, training, or anything else issued to me by Riley Industrial Services, Inc. for the purpose of performing my duties while in their employment. I further understand and authorize Riley Industrial Services, Inc. to withhold monies for any pre-employment drug and alcohol tests in the event of their unsatisfactory results.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please assure that you have filled out this application completely before returning to the front desk.**