



1050 Linda Way Sparks, NV 89431

Office: (775) 356-8004

Employment Application

PLEASE PRINT OR TYPE.

Applications MUST be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

First Name	Last Name		Date
Address	City	State	Zip Code
Phone Number	Email Address		
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Position

Position you are applying for	Available start date	Desired Pay	Employment desired
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Are you legally eligible to work in the United States? ☐ YES ☐ NO

Have you been employed with our company before? ☐ YES ☐ NO If yes, when and why did you leave?

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Do you have a valid Drivers License? ☐ YES ☐ NO License #: State:

Do you know anyone who is currently employed with us?

Have you ever been fired or asked to resign from any previous employment? ☐ YES ☐ NO

If yes, please explain:

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References

Please list three professional references not related to you.

Name	Phone Number	Title	Company
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Work History

Start with your present or most recent employment and work back.

Company Name		Employment Dates	
		From:	To:
Address	City	State	Zip Code
Position Title	Supervisor's Name	Phone Number	
		()	
Salary	May we contact this employer?	Reason for Leaving	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Company Name		Employment Dates	
		From:	To:
Address	City	State	Zip Code
Position Title	Supervisor's Name	Phone Number	
		()	
Salary	May we contact this employer?	Reason for Leaving	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Company Name		Employment Dates	
		From:	To:
Address	City	State	Zip Code
Position Title	Supervisor's Name	Phone Number	
		()	
Salary	May we contact this employer?	Reason for Leaving	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Affidavit - Please read carefully

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an “at will” employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party. Resource Development Company is an equal opportunity employer.

Applicant Signature: _____

Date: _____