



Rough Creek Management LLC

Application for Employment

RCL is an Equal Opportunity Employer

P. O. Box 2400 § Glen Rose, Texas 76043 § Phone 254-965-3700 § Fax 254-965-3170 § www.roughcreek.com

Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION

NAME (LAST, FIRST, MI)		EMAIL ADDRESS	
ADDRESS		CITY	ST ZIP
TELEPHONE	CELL	OTHER	

EMPLOYMENT DESIRED

POSITION/S	Temp/PT/FT	DATE AVAILABLE	SALARY DESIRED
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REFERRED

TWC
 Newspaper
 Other _____
 RCL Employee _____

ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain): _____
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YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been previously employed by our organization? If yes, dates/dept.: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to meet attendance requirements?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any objection to working overtime if necessary?
<input type="checkbox"/>	<input type="checkbox"/>	Can you travel if required by this position?
<input type="checkbox"/>	<input type="checkbox"/>	Can you submit proof of legal employment authorization and identity? (ie: passport, DL, SS, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime in the last 7 years? If yes, please explain _____

EDUCATION / QUALIFICATIONS

	NAME & ADDRESS	YEARS COMPLETED	DEGREE	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
TECHNICAL				

Summarize any job-related training, skills, licenses, certificates and/or other qualifications:

EMPLOYMENT HISTORY List below last 4 employers, starting with last one first.

DATE MONTH & YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM	Name: _____ Phone: _____			
TO	Address: _____			
FROM	Name: _____ Phone: _____			
TO	Address: _____			

FROM	Name:	Phone:			
TO	Address:				
FROM	Name:	Phone:			
TO	Address:				

REFERENCES List 3 references - do not include relatives or employers

NAME & ADDRESS	TELEPHONE	YEARS
1. Name: Address:		
2. Name: Address:		
3. Name: Address:		

AUTHORIZATION

- I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.
- I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.
- If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.
- I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.
- This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.
- RCL is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

By signing this application, I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

APPLICANT SIGNATURE

SOCIAL SECURITY #

DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEW DATE:	INTERVIEWER
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REMARKS:

NEATNESS	CHARACTER
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PERSONALITY	ABILITY
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HIRED	DEPT	SUPERVISOR	SALARY WAGES	START DATE
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