



**STEEL TOES BOOTS ARE
REQUIRED**

Equal Opportunity Employer

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____ DESIRED SALARY _____ DATE _____

PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____

CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

PHONE () _____ EMAIL: _____

DRIVER'S LICENSE: OPERATOR CDL CDL TYPE _____ ENDORSEMENTS _____

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NO CONTEST TO A FELONY OFFENSE YES NO
For purpose of employment with RTM "CONVICTIONS" include Sentenced to Confinement, Paid Fine, Time Served,
Placed on Probation including Deferred Adjudication, and Court Ordered Restitution

IF YES PLEASE EXPLAIN: _____

Direct Deposit or Cash Card Circle One If Direct Deposit provide bank information

WORK EXPERIENCE

1. COMPANY NAME: _____ PHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR NAME: _____

FROM: _____ TO: _____ BEGINNING SALARY _____ ENDING SALARY _____

JOB DESCRIPTION _____

2. COMPANY NAME: _____ PHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR NAME: _____

FROM: _____ TO: _____ BEGINNING SALARY _____ ENDING SALARY _____

JOB DESCRIPTION _____

3. COMPANY NAME: _____ PHONE NUMBER: _____



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JOB TITLE: _____ SUPERVISOR NAME: _____

FROM: _____ TO: _____ BEGINNING SALARY _____ ENDING SALARY _____

JOB DESCRIPTION _____

MILITARY SERVICE:

ARE YOU A VETERAN YES NO IF YES, LIST TYPE OF DISCHARGE _____

DATES OF SERVICE: FROM _____ TO _____

ARE YOU A SURVIVING SPOUSE OF A VETERAN WHO HAS NOT REMARRIED YES NO

ARE YOU A SURVIVING ORPHAN OF A VETERAN YES NO

IF YES GIVE DATES OF SERVICE FOR VETERAN: FROM _____ TO _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I authorize any of the persons, or organizations referenced in this application to give you any and all information concerning my previous employment, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information.

I agree to notify RTM immediately if I am convicted of, receive deferred adjudication in or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or breach of trust while my application is pending or during my employment if I am hired.

SIGN HERE: _____ DATE: _____

I understand that it is my responsibility to have transportation to and from work

SIGNATURE _____ DATE: _____



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OFFICE USE ONLY

Job Title: _____ Hire Date: _____ EMPLOYEE # _____

Bank Account _____ Cash Card _____ Rate of Pay: _____ Hourly _____ Salary _____

Bank Name _____ Account Number _____ Routing Number _____

Start Date / Foreman _____

Interviewer: _____ Referred by: _____

INTERVIEW NOTES: _____
