

## RSCI APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer  
All applicants are subject to mandatory pre-employment drug screening.

Positions Applied For	Expected Pay	Date
<ul style="list-style-type: none"> <li>• Have you worked for RSCI before? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></li> <li>• Who referred you?</li> <li>• If hired, can you provide proof of identity AND eligibility to work in the US? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></li> <li>• Have you ever been convicted of a felony <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If yes, please explain:</li> <li>• Military service? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></li> <li>• Can you qualify for military base security clearance? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></li> <li>• Years of construction experience?</li> <li>• Are you willing to travel? <span style="margin-left: 100px;">How far?</span></li> </ul>		

### PERSONAL

NAME	SOCIAL SECURITY NUMBER		
ADDRESS			
Street	City	State	Zip
PRIMARY PHONE	ALT PHONE		
(     )	(     )		

### EDUCATION

SCHOOL NAME	LOCATION	MAJOR	# OF YEARS ATTENDED	DEGREE
HIGH SCHOOL				DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/>
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL				



## EMPLOYMENT HISTORY

List last employer first; explain any breaks in employment dates on the back side of this application.

EMPLOYER NAME	DATES EMPLOYED				PAY RATE	
	FROM Month    Year	TO Month    Year			\$	PER
SUPERVISOR / TITLE				Full-Time	<input type="checkbox"/>	Part-Time <input type="checkbox"/>
TELEPHONE	JOB TITLE					
REASON FOR LEAVING	RESPONSIBILITIES / DUTIES					
May we contact for a reference?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

EMPLOYER NAME	DATES EMPLOYED				PAY RATE	
	FROM Month    Year	TO Month    Year			\$	PER
SUPERVISOR / TITLE				Full-Time	<input type="checkbox"/>	Part-Time <input type="checkbox"/>
TELEPHONE	JOB TITLE					
REASON FOR LEAVING	RESPONSIBILITIES / DUTIES					
May we contact for a reference?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

EMPLOYER NAME	DATES EMPLOYED				PAY RATE	
	FROM Month    Year	TO Month    Year			\$	PER
SUPERVISOR / TITLE				Full-Time	<input type="checkbox"/>	Part-Time <input type="checkbox"/>
TELEPHONE	JOB TITLE					
REASON FOR LEAVING	RESPONSIBILITIES / DUTIES					
May we contact for a reference?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

## PERSONAL REFERENCES (OPTIONAL)

NAME	PHONE NUMBER	RELATIONSHIP



## CERTIFICATIONS / TRAINING

CERTIFICATIONS

LICENSES

FORKLIFT / AERIAL

OTHER SKILLS / TRAINING

## SAFETY

- To increase jobsite safety awareness and to instruct all RSCI field employees about OSHA construction health and safety requirements, each employee must hold a current OSHA 10- or 30-hour certification. This class is required for continued employment and to be compliant with RSCI Safety Policy. Your employment with RSCI will be contingent on the completion of these courses, which will be your responsibility to complete.
  - OSHA 10-hour (all field personnel)
  - OSHA 30-hour (all Superintendents & PM's)
- RSCI offers these classes to you for free (\$185.00 value), and you will be paid the applicable federal/state minimum wage for your time while attending the class. This OSHA (10- and 30-hour) Construction Safety certification is issued by OSHA and is valid with any construction employer.

- Additionally, upon recommendation from your supervisor (Superintendent/Project Manager), you may be considered for an Operator Training class that will allow you to use RSCI's forklifts and aerial lifts. After attending this training and demonstrating working knowledge of this equipment, an RSCI Operator card with your name and photo will be issued. (Operator cards issued by legitimate equipment companies are acceptable substitutes for an RSCI Operator card. Please show this card to your Superintendent/Project Manager before operating equipment to confirm validity.)
- **NO PERSON IS ALLOWED ON RSCI EQUIPMENT WITHOUT A CURRENT OPERATOR CARD; ABSOLUTELY NO EXCEPTIONS.**

I have read and understand the safety statements above.

APPLICANT SIGNATURE

DATE

## APPLICATION SIGNATURE

I certify that the information above is true and correct to the best of my knowledge. I understand that making false or misleading statements on this application will be grounds for termination of employment. I authorize RSCI to contact my previous/current schools and employers (as indicated on this application) to obtain information. This information may include, but is not limited to, my achievements, performance, attendance, personal history, and disciplinary information. I release any individual from all liability for damages that may result to me due to this inquiry, and I direct my previous/current schools and employers to release information to RSCI.

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY:

Interviewed By  
Date

Date of Hire/Start

Hourly  
Field Salary  
Salary