

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS USED JOINTLY BY RTS SHEARING, LLC & SCHERBENSKE INC.

Final placement will be determined by your job description and by RTS/Scherbenske Inc. Management

Return application to RTS Shearing, PO Box 1177, Jamestown, ND, 58402-1177, or FAX 701-252-1809

Position Applying for: _____

How did you find out about the employment opportunity? _____

GENERAL INFORMATION

NAME (Last) _____ First _____ Middle Initial _____ Home Telephone
(____) _____

Mailing Address _____ City _____ State _____ Zip _____ Other Telephone
(____) _____

E-Mail Address _____ Are you legally entitled to work in the US? ____ Yes ____ No

Date you can start work _____ Days Available _____ Will Accept _____
Sun M T W Th F Sat ____ Part Time ____ Full Time ____ Regular ____ Temporary

DRIVERS LICENSE INFORMATION

Do you have a valid driver license? ____ Yes ____ No Driver License Class _____ Issuing State _____
Endorsements (check all that apply) ____ Tanker Vehicles ____ Double & Triple Trailers ____ Hazardous Material
____ School Bus ____ Passenger Bus

EDUCATION, TRAINING, CERTIFICATIONS, AND VETERAN STATUS

Do you have a High School Diploma? ____ Yes ____ No Do you have a GED? ____ Yes ____ No

Other education after High School/GED (most recent first):

Name of School, City, State	Graduated	Earned Degree	Major or Course of Study
_____	____ Yes ____ No	_____	_____
_____	____ Yes ____ No	_____	_____
_____	____ Yes ____ No	_____	_____

Occupational License, Certificate or Registration _____ Number _____ Issued by _____ Expiration Date _____

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Are you a U.S. Military Veteran? ____ Yes ____ No

ADDITIONAL INFORMATION AND SKILLS

Describe volunteer work, community involvement, hobbies, or other qualifications or skills:

WORK EXPERIENCE (Current or most recent first)

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

Job Title _____ Hours/Week _____ Rate of Pay _____

Duties/Skills/Equipment and Software Used

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

Job Title _____ Hours/Week _____ Rate of Pay _____

Duties/Skills/Equipment and Software Used

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

Job Title _____ Hours/Week _____ Rate of Pay _____

Duties/Skills/Equipment and Software Used

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

BUSINESS-RELATED REFERENCES)

NAME _____ Address, City, State, Zip _____ Telephone Number _____

I certify the information contained in this application is true, correct, and complete. I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal. By signing this application, I am giving RTS the right to perform employment checks on all employers I indicated.

Applicant Signature _____ Date _____

WORK EXPERIENCE (Current or most recent first)

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

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