



Ramsey Products Employment Application

Please Complete The Form Below To Apply For A Position With Us.

Full Name

First Name Middle Name Last Name

Date



Month Day Year

Present Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number

Cell

How Long At Current Address

Email Address

Are You Under The Age Of 18?

Yes

No

If Yes, Can You Provide Proof Of Eligibility To Work?

Yes

No

Are You Currently Authorized To Work In The United States? (Proof Of Eligibility Will Be Required If Hired)

Yes

No

Position Applied For

Wage Desired

Employment Desired

When Are You Available To Start Work?



Full Time Only

Part Time Only

Month Day Year

Education

Name Of School

Location

Years Completed

Major & Degree

High School

College (Highest Degree)

Other

Licenses/Certifications

Have You Been Convicted Of A Crime? (A Conviction Record Will Not Necessarily Disqualify You From Employment)

Yes

No

If Yes, You May Explain

How Did You Learn Of Ramsey Products?

If Referral, Who Were You Referred by?

Have You Ever Applied Or Worked For Ramsey Products Before?

If Yes, Provide Dates

Yes

No

Note:

The Federal Immigration And Reform An Control Act Of 1986 Requires That A DHS Employment Eligibility Verification "Form I-9" Be Completed For Every New Hire And That Within 3 Business Days Of Beginning Work, Every New Hire Must Present To The Employer Documentation Establishing His/Her Identity And Authorization To Work. This Federal Requirement Must Be Satisfied As A Condition Of Employment.

References (Please List Three Persons Not Related To You Who Know Your Qualifications And Note The Relationship.)

Name

Relationship

Phone

Reference 1

Reference 2

Reference 3

Employment History

Please Complete For Employment Beginning With Most Recent Employer. Include Active Military Assignments And Any Volunteer Employment That Can Be Verified. You May Explain Any Gaps In Your Employment History.

1. Company Name

Telephone

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Name Of Supervisor

May We Contact Them?

Yes

No

Dates Employed From



Month Day Year

Dates Employed To



Month Day Year

Current Rate Of Pay

State Job Titles And Describe Duties

Reason For Leaving

2. Company Name

Telephone

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Name Of Supervisor

May We Contact Them?

Yes

No

Dates Employed From



Month Day Year

Dates Employed To



Month Day Year

Current Rate Of Pay

State Job Titles And Describe Duties

Reason For Leaving

3. Company Name

Telephone

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Name Of Supervisor

May We Contact Them?

Yes

No

Dates Employed From



Month Day Year

Dates Employed To



Month Day Year

Current Rate Of Pay

State Job Titles And Describe Duties

Reason For Leaving

Have You Ever Been Asked To Resign?

Yes

No

Have You Received Any Disciplinary Action In The Last 12 Months Of Your Current Employment?

Yes

No

Please Explain Any Gaps In Your Employment History

Military

Have You Been In The Armed Forces?

Yes

No

Are You Now a Member Of The Armed Forces?

Yes

No

Enlistment Date



Month Day Year

Discharge Date



Month Day Year

Were You Dishonorably Discharged?

Yes

No

If Yes, Please Explain