



Ramsey Products Employment Application

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

Name

Date

First Name

Middle Name

Last Name

Street Address

Phone Number

Cell

Street Address Line 2

Email

City

State / Province

Postal / Zip Code

**How Long At Current
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

Education**High School (Name, Location, Years Completed, High School Diploma or GED)****College (Name, Location, Years Completed, Major & Degree)****Other Education****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.)

Reference 1 Name

Relationship

Phone

Reference 2 Name

Relationship

Phone

Reference 3 Name

Relationship

Phone

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

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Current Rate Of Pay

Name Of Supervisor

May We Contact Them?

Yes

No

Dates Employed From

Dates Employed To

State Job Titles And Describe Duties

Reason For Leaving

2. Company Name

Telephone

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Current Rate Of Pay

Name Of Supervisor

May We Contact Them?

Yes

No

Dates Employed From

Dates Employed To

State Job Titles And Describe Duties

Reason For Leaving

3. Company Name

Telephone

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Current Rate Of Pay

Name Of Supervisor

May We Contact Them?

Yes

No

Dates Employed From

Dates Employed To

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

Discharge Date

Were You Dishonorably Discharged?

Yes

No

If Yes, Please Explain

Signature
