RETH NK

For Official Use Only

Date Received: _____, 20____

Reviewed by: ____

Comments: _____

EMPLOYMENT APPLICATION

ReThink Solution Services (RSS) provides equal employment opportunity to all qualified persons and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete <u>all</u> items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 1/2 "x 11" sheets of paper to this application.
- Submit your application to Ms. Williams or email uniquecomplianceservices@gmail.com.

Position Applying For: _____

Personal Information				
1. Name (Last, First Middle)	3. Social Security #	6. Driver's License (State/No.)		
2. Address (Street)	4. Telephone Number	7. Alternate Telephone		
	() -	() -		
Address (City, State, Zip Code)	5. Email Address			
	General Information			
Are you legally eligible for work in the U.S.A.? Yes No (if yes, verification will be required)				
Have you ever applied to or worked for ReThink Solution Services before?				
If so, when?				
Are any of your relatives currently working for ReThink Solution Services ?				
If so, please list name and department, if applicable.				
Have you ever been convicted of a felony?		Yes 🛛 No		
If yes, please explain.				

Employment Request			
Minimum Salary Requested: \$	If applicable, are you available for overtime?	□ Yes	□ No

What is the earliest dat	e you can begin work	?				
How did you hear about this position?						
		Employmen	t History			
May we contact your cr		se begin with mos	t recent employn □ Not Appl			
	arrent employer.	Dates of	Pay or	Position:	Reason for	
Employer:		Employment:	salary	Duties:	Leaving:	
		/	Start:			
Address:			Start:			
		to	T . 1			
		/	Final:			
Supervisor:						
 Telephone: ()						
			D		- D	
Employer:		Dates of Employment:	Pay or salary	Position: Duties:	Reason for Leaving:	
		/	-			
Address:			Start:			
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Supervisor:						
Telephone: ()						
F 1		Dates of	Pay or	Position:	Reason for	
Employer:		Employment:	salary	Duties:	Leaving:	
			Start:			
Address:		to				
			Final:			
<u> </u>						
Supervisor:						
Telephone: ()						
Education						
School	Name	Locati	ion	Course of Study	Degree Obtained	
High School/GED						
College/University						
Graduate School						
Vocational / Specialized						
Military						

Military Service: 🛛 Yes	s 🗆 No	Branch:			
Specialized Training:					
References					
Name	Company	Title	Contact Information		

Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize ReThink Solution Services to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to ReThink Solution Services by any of the schools, services, or employers listed on this application.

Signature:

Date: