

Risch Inc.is an Equal Opportunity Employer, and as such affirms the right of every person to participate in all aspects of employment without regard to gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, disability, citizenship, military or veteran status, gender expression and/or identity, or any other status or characteristic protected by federal, state, or local law. Please answer all questions. Résumés are not a substitute for a completed application.

Last Name:		Firs	st:	Middle:	Date):	
Street Address:					Hom (ne Telephone:)	
City, State, ZIP:					Cell	Phone:	
					()	
Have you ever ap	plied for employm	ent with us?			Ema	ail Address:	
□ Yes □ No	lf yes: Month a	nd Year:	Location:				
Have you previou If yes, From:	sly worked for us? To:	?□Yes □No				you perform the ne position you ar	
Position Desired:						es □ No	
Employment Desi	red: □ Full-time	□ Part-time □	Summer 🛛 Tempo	orary	Will	you work overtin es □ No	ne if asked?
What days/hours	are you available f	to work?			•		
Mon	Tue	Wed	Thu	Fri		Sat	Sun
Are you legally el Federal law requires p	igible for employn	nent in the United storyment authorization u	States? Ves	No		at date will you be in work?	available to
Other special train	ning or skills (mus	sical instruments, o	equipment, languag	es, etc.)	1		

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				□ Yes □ No	
College				□ Yes □ No	
Vocational / Trade / Technical				□ Yes □ No	
High School				□ Yes □ No	



Please specify your complete employment history, including self-employment, military service and volunteer work. Begin with your present or most recent employer and continue in reverse chronological order. You may attach additional sheets of paper.

	Name of employer	Telephone ()
	Address	Employed (State month and year) From To
1	Job Title	
	Name of Supervisor	How long did you report to him/her?
	Job Title and Description of Your Work	Reason for Leaving

	Name of employer	Telephone ()
	Address	Employed (State month and year) From To
2	Job Title	
	Name of Supervisor	How long did you report to him/her?
	Job Title and Description of Your Work	Reason for Leaving

	Name of employer	Telephone ()
	Address	Employed (State month and year) From To
3	Job Title	
	Name of Supervisor	How long did you report to him/her?
	Job Title and Description of Your Work	Reason for Leaving

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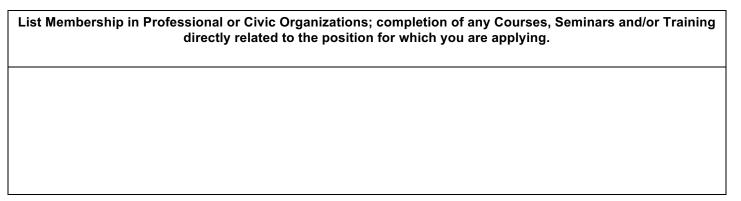


	Name of employer			Telephone ()	
	Address			Employed (State month and year) From	
1	Job Title				
	Name of Supervisor			How long did yo report to him/he)u)r?
	Job Title and Description	of Your Work	 	Reason for Leav	/ing
	We may contact the employers listed				
i I	above unless you indicate those you do not want us to contact.	Employer Number(s)	 Reason	 	-

Are you at least 18 years of age? □ Yes □ No	
State names of relatives and friends working for us.	
low were you referred to us for employment?	

Professional References							
	List names of 3 persons not related to you, whom you have known professionally for at least 2 years.						
Name Known	Address	Tel #/Email	Title/Company	Years			
1.							
2.							
3.							





(You need not disclose any information which may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.)

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

Signature of Applicant_____

Date _____