



215 N Main Street
 Port Byron, IL 61275
 309.848.9093

Full Name: _____ Social Security Number: _____

Address: _____

Phone: _____ Emergency Contact: _____

Previous RVVS Applicant? Yes No If yes, when? _____

Do you have previous convictions? Yes No

If Yes, please explain: _____

Driver's License Number & State: _____

Military Experience? Yes No If Yes, Explain: _____

Days Avail. (circle applicable) Mon. Tues. Wed. Thur. Fri. Sat.

Employment History

Most Recent/Current Employer: _____

Employer Address: _____

Employer Phone: _____ Dates Worked: _____

Job Duties: _____ End Wage: _____

Reason for Leaving: _____

Previous Employer #2: _____

Employer Address: _____

Employer Phone: _____ Dates Worked: _____

Job Duties: _____ End Wage: _____

Reason for Leaving: _____

Previous Employer #3: _____

Employer Address: _____

Employer Phone: _____ Dates Worked: _____

Job Duties: _____ End Wage: _____

Reason for Leaving: _____

By submitting this application, I certify that the information supplied by me on this application is true and correct, without reservations. I understand that any job offer is contingent upon me providing documentation required by the Immigration Reform and Control Act. If employment is obtained, I understand that nothing contained in this application or in the granting of an interview is intended to create contract between me and RVVS for either employment or the provision of benefits that an offer of employment or completion of training or probationary period shall not be construed as a guarantee of continued employment. If an employment relationship is established, such employment will be "at-will," meaning that I will have the right to terminate my employment at any time (with or without cause) and RVVS will have the same right.

I agree that employment with the Company is predicated upon my ability to perform, with or without reasonable accommodation, the essential functions of the job for which I am applying, which may be evaluated through a post-offer physical examination. I understand that I will be required to submit to a test to detect drug usage. I further understand that the results of these tests, which will be kept confidential, may be used by the Company to determine my suitability for employment.

I also authorize my former employers, schools, and personal references to give any information they may have regarding me, whether or not it is on their records. I hereby release them and their companies from all liability for issuing same. It is understood that all facts are open to investigation by the Company and that any misrepresentation, falsification or omission shall be sufficient reason for dismissal or a refusal of employment. I understand that no promise, representation, agreement, practice or policy contrary to the foregoing is binding on the Company unless made in writing and signed by an officer of the Company.

Signed: _____

Date: _____