

Rainmaker Mobile Marketing, LLC

Complete all information to the best of your ability / knowledge. Some fields are required.

Territory Assigned

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

Date: _____

Name: _____
Last Name First Name Middle Name Maiden Name

Present Address: _____
Street Number Street Name City State ZIP Code

How long: _____ Social Security No. _____ - _____ - _____

Telephone: _____ - _____ - _____

If under 18, please list age: _____

Are you a legal U.S. Citizen? Yes No

Position applied for: _____

Days & hours available to work:

☐ No Preference Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Desired annual income: \$ _____

(Be specific)

How many hours can you work weekly? _____ Can you work nights? ☐ Yes ☐ No

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work (Date)? _____

Email: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

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DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license

Number: _____ State of issue: _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration date: _____

Have you had any accidents during the past three years? ☐ Yes ☐ No

How many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No

How Many? _____

Special Skills?

Typing ☐ Yes ☐ No _____ WPM

10-key ☐ Yes ☐ No

Word Processing ☐ Yes ☐ No _____ WPM

Personal ☐ Yes ☐ PC

Other

Computer ☐ No ☐ Mac

Skills

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company _____

Address: _____

Address: _____

Telephone: _____ - _____ - _____

Telephone: _____ - _____ - _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Complete all information to the best of your ability / knowledge. Some fields are required.

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MILITARY?

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five (5) years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Telephone _____ - _____ - _____ Email: _____	Name of last supervisor _____ _____ _____	Employment dates From: _____ To: _____	Pay or salary Start: \$ _____ Final: \$ _____
Reason for leaving (be specific): _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ - _____ - _____ Email: _____	Name of last supervisor _____ _____ _____	Employment dates From: _____ To: _____	Pay or salary Start: \$ _____ Final: \$ _____
Reason for leaving (be specific): _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Please list your work experience for the **past five (5) years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ - _____ - _____ Email: _____	Name of last supervisor _____ _____	Employment dates From: _____ To: _____	Pay or salary Start: \$ _____ Final: \$ _____
Your last job title: _____			
Reason for leaving (be specific): _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ - _____ - _____ Email: _____	Name of last supervisor	Employment dates	Pay or salary
		From: _____ To: _____	Start: \$ _____ Final: \$ _____
	Your last job title: _____		
Reason for leaving (be specific): _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____

CERTIFICATION AND AGREEMENT: I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of statements contained herein as may be necessary. I understand that false or misleading statements may result in termination of employment. I further pledge to abide by all company procedures and safety rules.

Signature _____ Date _____