

Ambassador Employment Application

RMC Events, Inc.

www.RMCEvents.com

Application Date (mm/dd/yyyy): _____

Personal Information

Full Name: _____
First MI Last

Permanent Address: _____
Street Address Apartment/Unit #

Mailing Address: _____
City State ZIP Code

_____ *Street Address Apartment/Unit #*

_____ *City State ZIP Code*

Contact Information:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employment Desired

Position: _____ Date You can Start: _____ Salary Desired: _____

Are you Currently Employed? Yes No If so, may we contact your present employer? Yes No

What is your availability? (check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4pm-12am:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11pm-7am:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever applied to this company before? Yes No Where? _____ When? _____

Are you currently DCJS registered? Yes No If so, what is Registration Number? _____

What is the Expiration Date? (mm/dd/yyyy): _____ Type: _____

How did you hear about RMC Events, Inc.,? _____

If from a current employee, who referred you? _____

U.S. Military or Naval Service: _____ Rank: _____

Education History

	Name/Location	Yrs. Attended	Graduate?		Area of Study Concentration?
High School	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
College- Undergrad	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
College- Additional	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

General Information

Training, Certifications, and or Licenses Held Relating to This Job:

Explain Any Customer Service Employment Experiences You Have:

Explain Your Comfort Level With Extensive Physical Job Related Activity (Such as cycling & extensive walking):

Criminal History

Application CAN NOT be accepted without completion of this area

Have you ever been convicted of a felony or misdemeanor? Yes No

If so, please give the following information:

Charge	Location	Date	Disposition

Employment History

Last or Present Employer

Name:		Supervisor:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Salary:	
Start Date:		End Date:	

Employer #2

Name:		Supervisor:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Salary:	
Start Date:		End Date:	

Employer #3

Name:		Supervisor:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Salary:	
Start Date:		End Date:	

References- Two Professional & One Personal

Professional Reference #1

Name:		Business Name:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Time Known:	
Email:			

Professional Reference #2

Name:		Business Name:	
Address:		Type of Business:	
City/St/Zip:			
Telephone:		Time Known:	
Email:			

Personal Reference

Name:		Email:	
Address:		Time Known:	
City/St/Zip:			
Telephone:			

AUTHORIZATION:

I certify that the information on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also agree and understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Further, I understand that my continued employment with RMC Events may be contingent upon my successful completion of all required training and completion of a ninety (90) day probationary period.

Application CAN NOT be accepted without completion of SIGNATURE AREA BELOW

Date: _____ **Signature:** _____

=====DO NOT WRITE BELOW THIS LINE=====

Application Received Date: _____

Interview Date: _____

Approved: _____

Human Resource Department

Approved: _____

Director of Ambassador Program