



**AURORA**  
A SOLUTION FOR EVERY STORY



**RICHARDS-WILCOX**  
**CONVEYOR**  
ENGINEERED FOR EVOLUTION



**HARDWARE**

# APPLICATION FOR EMPLOYMENT

**RWI Manufacturing Inc, Richards-Wilcox, Aurora Storage Products**

**Name (Please Print)**

Last
First
Middle

RWI Manufacturing Inc. is an Equal Opportunity Employer and will not discriminate among applicants on the basis of race, sex, creed, color, national origin, citizenship, age, marital status, handicap or veteran status.

THIS APPLICATION BECOMES VOID AFTER SIXTY (60) DAYS UNLESS RENEWED

RWI Manufacturing Inc, 600 S Lake Street, Aurora IL 60506



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## GENERAL INFORMATION

NAME (FIRST-MIDDLE-LAST)		TELEPHONE HOME CELL EMAIL		DATE
ADDRESS		STREET & NO.		NAME OF REFERRAL SOURCE
CITY	STATE	ZIP CODE		SOCIAL SECURITY NUMBER
Is additional information relative to a different name necessary to check your work or education records? If yes, explain.			<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION APPLYING FOR			WAGES OR SALARY EXPECTED (PLEASE CHECK ONE) \$ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	
ARE YOU WILLING TO WORK OVERTIME WHEN REQUIRED? IF NO, EXPLAIN.		<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE FOR EMPLOYMENT
ARE ANY OF YOUR RELATIVES EMPLOYED BY THIS COMPANY? IF YES, LIST NAMES AND RELATIONSHIP.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AVAILABLE TO WORK <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME		WERE YOU EVER EMPLOYED BY THIS COMPANY? IF YES, WHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE
WILLING TO WORK ANY SHIFT? IF NO, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO				

## EDUCATION AND TRAINING

NAME AND LOCATION OF HIGH SCHOOL, VOCATIONAL SCHOOL OR COLLEGE.	LAST YEAR COMPLETED	DID YOU GRADUATE	DEGREE	COURSE OR MAJOR STUDY	GRADE POINT AVERAGE

Other training or skills (factory or office machines operated, special courses, military training, apprenticeship, typing, etc.)

LIST LANGUAGES YOU CAN SPEAK FLUENTLY:

LIST LANGUAGES YOU CAN READ AND WRITE:

## OTHER JOB RELATED ACTIVITIES

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD, OR ANY PROFESSIONAL CERTIFICATIONS/LICENSES YOU MAY HAVE. (Do not list any organizations or activities which would reveal protected group status.)

IS YOUR AGE UNDER 18: (PLEASE CHECK ONE) ☐ YES ☐ NO

IF HIRED, ARE YOU ABLE TO PROVIDE PROOF THAT YOU ARE LEGALLY ALLOWED TO BE EMPLOYED IN THIS COUNTRY? ☐ YES ☐ NO

## UNITED STATES MILITARY SERVICE

DATE ENTERED	DATE OF DISCHARGE	RANK	BRANCH	RESERVE OR NATIONAL GUARD STATUS	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
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SERVICE SCHOOL OR SPECIAL TRAINING

### WORK EXPERIENCE

BEGINNING WITH LAST OR PRESENT EMPLOYER (Not Necessary to Complete if Information is on an Attached RESUME)

Please Cover Employment for Past Ten Years, Including U.S. Military, if Applicable.

Use a Separate Piece of Paper if Additional Space is Required

COMPANY NAME				TELEPHONE (      )	
COMPANY ADDRESS					
DATES OF EMPLOYMENT				TITLE OR POSITION HELD	
FROM (MO-YR)	TO (MO-YR)				
NAME AND TITLE OF IMMEDIATE SUPERVISOR				REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES					
COMPANY NAME				TELEPHONE (      )	
COMPANY ADDRESS					
DATES OF EMPLOYMENT				TITLE OR POSITION HELD	
FROM (MO-YR)	TO (MO-YR)				
NAME AND TITLE OF IMMEDIATE SUPERVISOR				REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES					
COMPANY NAME				TELEPHONE (      )	
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NAME AND TITLE OF IMMEDIATE SUPERVISOR				REASON FOR LEAVING	
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COMPANY ADDRESS					
DATES OF EMPLOYMENT				TITLE OR POSITION HELD	
FROM (MO-YR)	TO (MO-YR)				
NAME AND TITLE OF IMMEDIATE SUPERVISOR				REASON FOR LEAVING	



DESCRIPTION OF WORK AND RESPONSIBILITIES

PLEASE INDICATE PROFESSIONAL ASSOCIATES WHO COULD BE CONTACTED FOR AN EMPLOYMENT REFERENCE

NAME

NAME

PHONE NO.

( )

OCCUPATION

EMPLOYER

### PLEASE READ CAREFULLY THE STATEMENT BELOW

I understand that any employment with the Company is voluntarily entered into and, if employed, I may resign at any time for any reason. Similarly, the Company may terminate the employment relationship at any time for any reason.

I authorize the investigation of all statements contained in this application and further authorize the Company to contact my past employers. My present employer ☐ May ☐ May Not Be Contacted. I certify that all statements and information are true, and acknowledge that any falsification of these facts is cause for separation from the Company's service.

I understand that any offer of employment made to me by the Company may be made contingent upon my taking a Drug Screening.

DATE

APPLICANT'S SIGNATURE

**RWI Manufacturing Inc is an Equal Opportunity Employer.**

### **OFFICE USE ONLY:**

Date Employed		Clock No.	Pay Rate
Date	Department	Job Title	Comments





Date Terminated \_\_\_\_\_ Rehire \_\_\_\_\_

Reason \_\_\_\_\_

## VOLUNTARY APPLICANT DATA SHEET

Applicants at RWI Manufacturing Inc. are considered for all positions, and employees are treated during employment without regards to race, color, religion, sex, national origin, age (40+), marital status or veteran status or disability. As a government contractor, we also comply with governmental regulations regarding affirmative action.

In order for us to comply with certain record keeping requirements, we ask that you fill out this document. This information is used solely for governmental reporting and will be kept in a confidential file separate from your application for employment.

### PLEASE PRINT CLEARLY

#### Personal Information

Date	Position Applied for		
Name		Date of Birth	
Address		Phone (     )	
City	State	Zip	
Social Security Number			

#### Referral Source

- ☐ Advertisement    ☐ Friend    ☐ Relative    ☐ Employment Agency    ☐ Walk In
- ☐ Other

#### Affirmative Action Information

Government agencies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and affirmative action only. ***Submission of information is voluntary.***

Gender:    ☐ Male    ☐ Female

Ethnic Group:    ☐ White    ☐ Black    ☐ Hispanic

☐ American Indian/Alaskan Native    ☐ Asian/Pacific Islander



**Definitions:**

White-(Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black-(Not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.

Hispanic- All persons of Mexican, Puerto Rican, Cuban, or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander-All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Soma.