

Have you ever been employed at ReNu Life? Yes:___ No:___ If yes, from:___ / ___ / ___ to ___ / ___ / ___

Are you legally eligible for employment in this country? Yes:_____ No:_____

(Proof of US Citizenship or immigration status will be required upon employment)

Date available for work:___ / ___ / ___ Are you on lay-off and subject to recall? Yes:___ No:___

Type of employment desired: Full-Time:___ Part-Time:___ Temporary:___

Will you travel if job requires it? Yes:___ No:___ Will you work overtime if required? Yes:___ No:___

Are you able to meet attendance requirements of this position? Yes:___ No:___

Have you ever been bonded? Yes:___ No:___

Have you ever been convicted of a felony in the last (7) seven years? Yes:___ No:___

(such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain:_____

Driver's License number (if job related):_____ State Issued:_____

Please list your last (4) four employers, assignments, or volunteer activities, starting with the most recent. Include military experience and explain any gaps in employment in the comment section.

1.

Name of Employer		Telephone Number	
Address	City	State	Zip Code
Job Title	Immediate Supervisor and Title		
From / / To / /	\$ per	\$ per	
Dates Employed	Hourly Rate—Starting	Hourly Rate—Ending	

Summarize the nature of the work performed & responsibilities _____

Reason for leaving: _____ May we contact for reference? Yes: ___ No ___

2. _____

Name of Employer

Telephone Number

Address

City

State

Zip Code

Job Title

Immediate Supervisor and Title

From / / To / /
Dates Employed

\$ per
Hourly Rate—Starting

\$ per
Hourly Rate—Ending

Summarize the nature of the work performed & responsibilities _____

Reason for leaving: _____ May we contact for reference? Yes: ___ No ___

3. _____

Name of Employer

Telephone Number

Address

City

State

Zip Code

Job Title

Immediate Supervisor and Title

From / / To / /
Dates Employed

\$ per
Hourly Rate—Starting

\$ per
Hourly Rate—Ending

Summarize the nature of the work performed & responsibilities _____

Reason for leaving: _____ May we contact for reference? Yes: ___ No ___

4. _____

Name of Employer

Telephone Number

Address

City

State

Zip Code

Job Title _____ Immediate Supervisor and Title _____
 From / / To / / \$ per \$ per
 Dates Employed Hourly Rate—Starting Hourly Rate—Ending

Summarize the nature of the work performed & responsibilities _____

Reason for leaving: _____ May we contact for reference? Yes: ___ No ___

Comments (including explanation of any gaps in employment) _____

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. _____

EDUCATIONAL BACKGROUND: List the last (3) three schools attended, starting with the last one.

Name of School	No. Years Completed	Degree/ Diploma	GPA Class Rank	Major	Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

REFERENCES: List (3) three business / work references who are not related to you and are not previous supervisors. If not applicable, list (3) three schools or personal references that are not related to you.

Name	Telephone Number	Years Known

For Office Use Only:
 References verified by: _____ Date: _____ Employment verified by: _____ Date: _____
 C.N.A. verified by: _____ Confirmation #: _____

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, and awards. (Exclude memberships which reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider: _____

I give the Employer the right to all references and to secure additional information about me. If job release from liability the Employer of its representatives for seeking such information and all other persons, corporations and organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

For Online Submission Only, Enter Your Initials Here to Affirm That Your Printed Name Above Will Stand As Your Signature On This Document.

The application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

Signature of Applicant _____ Date _____

For Online Submission, Enter Your Initials Here to Affirm That Your Printed Name Above Will Stand As Your Signature On This Document. Online

RENU LIFE / RENU LIFE EXTENDED

REFERENCE DISCLOSURE

I, _____ give ReNu Life / ReNu Life Extended
(print your name)
permission to contact my previous / current employer to obtain reference information regarding my employment. I understand that the information disclosed will include dates of employment, position(s) held, re-hire status, duties of position(s), and my performance level. I understand that I do not have access to the reference information disclosed.

My signature below indicates that I agree to the above reference disclosure and also that I indemnify, defend, and hold harmless my previous / current employer, its representatives, and staff from any claims, damages, and actions of any kind whether at law or in equity as a result of the information provided.

Applicant's Signature

Date

For Online Submission, Enter Your Initials Here to Affirm That Your Printed Name Above Will Stand As Your Signature On This Document. Online

Administration's Signature

Date

SUBMIT

Click The Button To The Left to Submit This Form to Human Resources (Online Only)