



EMPLOYMENT APPLICATION

Revised 11/22/99

Employment is conditional upon your ability to verify your eligibility for employment in the United States and passing a drug test. R•O•M Corporation is an equal opportunity employer. We are pleased to consider all qualified applicants without regard to race, color, sex, religion, national origin, age, marital or veteran status, physical or mental disability. Applicants who are disabled and who may require assistance are invited to advise us of their needs regarding filling out this application. This application for employment shall be considered active for period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

Applicant's Name:			
Address:			
City, State, Zip			
Phone Number:		Social Security Number:	
Position Desired:		Hourly Rate Desired:	

Please answer the following questions:	Yes	No
Do you have any relatives at R•O•M Corporation?		
Have you ever filed an application with us before?		
Have you ever been employed with us before?		
Are you over 18 years of age?		
Have you ever been convicted of a felony or misdemeanor? (non traffic) (A conviction will not necessarily disqualify you from employment) If yes please explain _____ _____		
Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? Proof of citizenship or immigration status will be required upon employment.		
If driving is required for your job, do you currently have a valid drivers license, Chauffeur's or CDL?		
Are you forklift qualified and have a current fork lift license?		
Are you presently able to perform the duties of the position for which you are applying for?		
On what date would you be available for work?		

How did you find out about R•O•M Corporation and its career opportunity?
<input type="checkbox"/> www.romcorp.com - R•O•M Corporation's Web Site <input type="checkbox"/> Response to an ad in the newspaper. What newspaper: _____ <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Friend of R•O•M Corporation employee _____ <input type="checkbox"/> Walk-In

R•O•M Corporation is an equal employment opportunity employer

Employment Experience:

Start with your present or most recent position. Account for any lapse in time.

Employer:		Date Employed		List Major Duties:
Address		From: <small>Month/Day/Year</small>	To: <small>Month/Day/Year</small>	
Telephone:				
Job Title:	Supervisor:	Hourly Rate / Salary		
Reason for Leaving		Starting:	Ending:	
				May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Date Employed		List Major Duties:
Address:		From: <small>Month/Day/Year</small>	To: <small>Month/Day/Year</small>	
Telephone:				
Job Title:	Supervisor:	Hourly Rate / Salary		
Reason for leaving		Starting:	Ending:	
				May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Date Employed		List Major Duties:
Address:		From: <small>Month/Day/Year</small>	To: <small>Month/Day/Year</small>	
Telephone:				
Job Title:	Supervisor:	Hourly Rate / Salary		
Reason for Leaving		Starting:	Ending:	
				May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Date Employed		List Major Duties:
Address:		From: <small>Month/Day/Year</small>	To: <small>Month/Day/Year</small>	
Telephone:				
Job Title:	Supervisor:	Hourly Rate / Salary		
Reason for Leaving:		Starting:	Ending:	
				May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Date Employed		List Major Duties:
Address:		From: <small>Month/Day/Year</small>	To: <small>Month/Day/Year</small>	
Telephone:				
Job Title:	Supervisor:	Hourly Rate / Salary		
Reason for Leaving:		Starting:	Ending:	
				May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Education	Name and Address of School	Course of Study / Major	Yrs Completed	Diploma Degree
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:
Junior College, Trade School, or Other College				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:

References:

Please list 3 work references from your current or previous employers:

Name:	City, State	Telephone:	Occupation/Company:
1.			
2.			
3.			

Experience:

Describe experience of skills that would be relevant to this job:

Describe any specialized training, apprenticeship, skills, etc.:

Applicant's Statement:

I certify that the information furnished in this application is correct and complete to the best of my knowledge and belief, and I understand that any misrepresentation or omission of material fact on this application will constitute sufficient grounds for immediate dismissal. I authorize such organizations and persons named above and others, unless noted otherwise, to furnish any information they may have regarding me. I agree that such organizations, persons, and others, shall not be liable in any respect if my employment is terminated because of omission or misrepresentation of material facts on this application. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals over the age of 40.

I understand and agree that employment is terminable at will, and will last only so long as mutually agreeable. Either I or the company may terminate employment for any reason with or without cause and with or without notice at the sole discretion of either of us.

I understand that I will be required to complete and sign a patent agreement and a non-disclosure agreement as a condition of employment.

I understand and agree that I may be obligated to take medical examinations or random drug testing as directed by the company. The results of any such examination shall be released to the company and the company may act based on the results including termination of employment.

I understand and agree that the terms and conditions of employment may be altered by the company at any time with or without cause or notice.

SIGNATURE: _____ **DATE:** _____

- Bulkheads
- Ramps
- Closures
- Robinson Shutters
- IFEX 3000 Fire Suppression Equipment

Manufacturing Quality Products Since 1947

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