



Employment Application

RPM Services, Inc.
 27920 HWY 288, Iowa Colony, TX 77583
 Phone: 281-595-3165
 Fax: 713-513-5410
 E-Mail: info@rpm-services.com
<http://rpm-services.com>

How to submit:

- To complete and save the application, please, download Acrobat Reader here if needed (free): <https://get.adobe.com/reader/>
- To save this application right-click on this PDF document and select "Save Target As" or "Save Link As."
- Once you complete the form, save and email as an attachment send to info@rpm-services.com
- If printing the form, please **write clearly**, carefully review and complete all applicable questions and fax to 713-513-5410

Position applied for:		Date of Application:	
Last Name: (Required)	First Name: (Required)	Middle Name:	
Street Address:	City:	State:	Zip Code:
Telephone Number, Home:	Telephone Number, Mobile:	Telephone Number, Other:	
E-Mail Address (Required):			
Reason for applying for position with RPM Services:			
Do you have a current, valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you achieved NCCER millwright certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give date achieved:
Have you achieved NCCER Supervisor certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give date achieved:
Have you achieved NCCER Project Management certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give date achieved:
Have you achieved any other professional accreditation, i.e. PMP, CAPM, PE, CSCP, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, name qualification:
How did you learn about us?	Walk In <input type="checkbox"/>	Friend <input type="checkbox"/>	Relative <input type="checkbox"/> Agency <input type="checkbox"/>
Please specify:			
Web Site <input type="checkbox"/>	Other <input type="checkbox"/>		



Any other information, training, civic, professional, or educational activities relevant to the position applied for:

If under the age of 18 years, can you provide proof of eligibility to work?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever filed an application before with RPM Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give date:		
Have you ever been employed by RPM Services Before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give date:		
Are you authorized to work in the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Availability for work?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Shift Work <input type="checkbox"/>	
On what date could you commence employment?			Date:		
What is your wage or salary expectations?		Wage expectation:			
Can you travel if the job requires?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have any objection to working overtime if necessary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

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Employment History (Most Recent First)

Employer 1:			
Street Address:	City:	State:	Phone Number:
Employment Start Date (Month & Year):		Employment End Date (Month & Year):	
Job Title:			
Description of Job and Responsibilities:			
Major Achievements in Job Position:			
Reason for Leaving Job Position:			

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Employer 2:			
Street Address:	City:	State:	Phone Number:
Employment Start Date (Month & Year):		Employment End Date (Month & Year):	
Job Title:			
Description of Job and Responsibilities:			
Major Achievements in Job Position:			
Reason for Leaving Job Position:			

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Employer 3:			
Street Address:	City:	State:	Phone Number:
Employment Start Date (Month & Year):		Employment End Date (Month & Year):	
Job Title:			
Reason for Leaving Position:			

Employer 4:			
Street Address:	City:	State:	Phone Number:
Employment Start Date (Month & Year):		Employment End Date (Month & Year):	
Job Title:			
Reason for Leaving Position:			



Education

High School Attended and Address:	
Start Date (Month & Year):	End Date (Month & Year):
Course of Study:	Level of Certification/Qualification Achieved:

Undergraduate/Technical School Attended and Address:	
Start Date (Month & Year):	End Date (Month & Year):
Course of Study:	Level of Certification/Qualification Achieved:

Graduate School Attended & Address:	
Start Date (Month & Year):	End Date (Month & Year):
Course of Study:	Level of Certification/Qualification Achieved:

Other School Attended & Address:	
Start Date (Month & Year):	End Date (Month & Year):
Course of Study:	Level of Certification/Qualification Achieved:

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RPM Services, Inc. is an equal opportunity employer and considers applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

I (the applicant) certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

 Signature of Applicant

 Date

For Company Use Only

Arrange Interview?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interviewer:			
Interview points of note:			
Make offer of employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employment start date:
Hourly Employee <input type="checkbox"/>	Salary Employee <input type="checkbox"/>	Wage or Salary Amount:	
Department:		Job Title:	