

Reliable Source Inc.

11109 Jasmine St. Fontana, CA 92337, USA

P: 909.357.1211 | F: 909.357.1311

info@rsmetals.us

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability veteran or military status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.

TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED BY OUR COMPANY. THIS FORM BECOMES A PART OF YOUR EMPLOYMENT RECORD IF YOU ARE HIRED. THIS APPLICATION IS ONLY VALID FOR 30 DAYS.

TODAY'S DATE:					
PERSONAL INFORMATION					
Name (First, Middle	e, and Last):				
Current Address:					
City:		St:	Zip Code:		
Home Phone:	Cell Phone:	Email:			
Are you at least 18	years old? ☐ Yes ☐ No	(If under 18 hire is subject to ven	ification that you are of minimum legal age.)		
Have you worked o	r do you have work experience or ed	ducation under a different na	ame? If so, please list here.		
(First, middle, and I	ast names):				
If hired, can you present evidence that you have the legal right to work in the United States? Yes No					
Can you perform the	e essential functions of the job that y	ou are applying for with or w	vithout reasonable accommodation?		
☐ Yes ☐ No	(If no, please describe the functions that ca accommodation measures that may be ned				
•	rred to us? Please check one. (<i>If em</i> Website	•	. ,		

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WORK INTEREST

Position applied for:							
Employment type desired: Part-time Full-time Shift preferred:	☐ Morning ☐ Afternoon ☐ Evening						
Will you accept part time work: ☐ Yes ☐ No Will you accept temporary work: ☐ Yes ☐ No							
What days and hours can you work: Please indicate the hours you would be willing to work when scheduled or requested: Overtime Weekends Holidays Rotation							
Have you ever interviewed with our company before? ☐ Yes	□ No When:						
Briefly state your interest in employment with Reliable Source, Inc?							
If asked to drive on behalf of the company, are you willing to do so and have	e a valid drivers' license?						
Do you have any relatives working at Reliable Source, Inc.? If yes, please li	ist them below.						
(Please list their name and department):							
SKILLS & QUALIFICATIONS							
Please check the common office software you have experience using: Microsoft Word Microsoft Excel Microsoft Outlook Microsoft Outlook	icrosoft Access						
Please check the common office skills you possess:							
☐ Shorthand ☐ Data entry ☐ 10-Key Typing spe	eed: words per minute						
Please specify any other additional skills or software that should be consider	red for the position you are applying for:						
CERTIFICATIONS / LICENSES Please complete this section if required for the job posit							
Type:	Number:						
Agency or state issued:	Date issued:						
Туре:	Number:						
Agency or state issued:	Date issued:						
Type:	Number:						
Agency or state issued:							

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EMPLOYMENT HISTORY

List the names of employers starting with your most recent employer. The last seven years of employment history is sufficient. Account for all periods, including military service. If self-employed, list your business name or description of the business nature and provide additional references. For periods of employment, please list month and year.

Are you currently employed? Yes No	May we contact your current employer? Yes No		
Employer #1:	Business type:		
Address:			
Job title:	Start / End date:to		
Supervisor / title:	ph:		
Job duties:			
Reason for leaving:			
Employer #2:	Business type:		
Address:			
Job title:	Start / End date:to		
Supervisor / title:	ph:		
Job duties:			
Reason for leaving:			
Employer #3:	Business type:		
Address:			
Job title:	Start / End date:to		
Supervisor / title:	ph:		
Job duties:			
Reason for leaving:			
Employer #4:	Business type:		
Address:			
Job title:	Start / End date:to		
Supervisor / title:	ph:		
Job duties:			
Reason for leaving:			
Please explain any gaps in employment:			

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EDUCATION

	# of Years:
	Graduated? ☐ Yes ☐ No
	# of Years:
	Graduated? ☐ Yes ☐ No
Major:	
	# of Years:
	Graduated? ☐ Yes ☐ No
Major:	
	# of Years:
	Graduated? ☐ Yes ☐ No
Program:	
	# of Years:
	Graduated? ☐ Yes ☐ No
Program:	
BUSINESS REFERENCES	
are not relatives or personal friends that you have wo rvisor or business associate currently or in the last se	
Occupation:	
il:	ph:
Occupation:	
il:	ph:
Occupation:	
il:	ph:
LANGUAGES	
Read proficiently:	
MILITARY SERVICE	
No Did you obtain any skills that translate to the	e job applying for? $\ \square$ Yes $\ \square$ No
Is translate:	
i	Major: Major: Program: Program: BUSINESS REFERENCES are not relatives or personal friends that you have wo visor or business associate currently or in the last se Occupation: !: Occupation: !: ANGUAGES

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ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT

READ THIS SECTION PRIOR TO PROVIDING YOUR INITIALS AND SIGNATURE BELOW.

Initials:	I certify that the answers given by me to the foregoing questions and state	ments on the employment application
	and/or during the employment interview process are true and correct wit any kind whatsoever. I understand that any misleading or incorrect statem and, if employed, would be cause for my termination. I further agree that the respect if my employment is terminated because of falsity of statements.	hout any consequential omissions of nents may render this application void ne Company shall not be liable in any
	in this application.	
	I understand that this application is designed for use with several types of be completely applicable to the position for which I am applying.	of jobs and some questions may not
	I hereby authorize the company to thoroughly investigate my references matters related to my suitability for employment and, further, authorize the to the company any and all letters, reports and other information related me prior notice of such disclosure. In addition, I hereby release the Com and all other persons, corporations, partnerships and associations from an arising out of or in any way related to such investigation or disclosure	e references I have listed to disclose to my work records, without giving pany my former employers, schools,
	I understand that I may be required to have a medical examination and/of employment has been made and prior to the commencement of my employment examination and/or drug and alcohol test would be a condition of any employment duties as well as any time throughout my employment	oloyment duties. A favorable result on of my employment or commencement
	I realize that operating conditions may require me to work shifts or work how which I am applying and I agree to such scheduling change as directed by	
	I understand that my employment is not for a specified or definite term a discharged, at any time, for any reason, with or without good cause and understand that this policy cannot be changed or amended except by wri a corporate officer. I understand that this is an application for employment is being offered.	with or without prior notice. I further tten agreement signed by me and by
	I also understand that a background check by a third party and credit check required as well. The Company will adhere to all regulations in accordant (FCRA) prior to running such checks. Should a search of public records (indictment, conviction, civil judicial action, tax lien or outstanding judgment employed by the Company I am entitled to copies of any such public record I mark the check box below. If I am not hired as a result of such information records even though I have checked the box below.	ce with the Fair Credit Reporting Act luding records documenting an arrest, b) be conducted by internal personnel rds obtained by the Company unless
	I waive receipt of a copy of any public record described in the paragraph	above.
	I have read and understand the foregoing and I agree unconditional	lly to the foregoing.
	Signature: X	Date:
	Printed Name:	