



# Riverview Homes Inc.

## Employment Application Form

This application and any attachments become the property of Riverview Homes, Incorporated. Riverview Homes, Inc. also reserves the right to reject any application due to failure to complete all items on this application.

**Return this form to:**  
 Human Resources Director  
 2623 River Road  
 PO Box 475  
 Vandergrift, PA 15690

YOUR CONTACT INFORMATION																			
<b>Position You are Applying For:</b>																			
<b>Your Name:</b>	<table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Last</td> <td>First</td> <td>MI</td> </tr> </table>	_____	_____	_____	Last	First	MI												
_____	_____	_____																	
Last	First	MI																	
<b>Your Mailing Address:</b>	<table border="0"> <tr> <td colspan="3">_____</td> </tr> <tr> <td colspan="3">Street Address</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td colspan="3">Apartment Number</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP code</td> </tr> </table>	_____			Street Address			_____			Apartment Number			_____			City	State	ZIP code
_____																			
Street Address																			
_____																			
Apartment Number																			
_____																			
City	State	ZIP code																	
<b>Your Telephone Number:</b>	<table border="0"> <tr> <td colspan="2">_____</td> </tr> <tr> <td>Home phone number</td> <td>Business or message phone</td> </tr> </table>	_____		Home phone number	Business or message phone														
_____																			
Home phone number	Business or message phone																		
<b>Your Social Security Number:</b>	_____																		
<b>Your Drivers License Number:</b>	<table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>License Number</td> <td>State</td> <td>Exp. Date</td> </tr> </table>	_____	_____	_____	License Number	State	Exp. Date												
_____	_____	_____																	
License Number	State	Exp. Date																	

PERSONAL INFORMATION	
What type of position(s) will you accept:	<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary or recurrent position <input type="checkbox"/> Part-time
Position interest:	<input type="checkbox"/> Sales <input type="checkbox"/> Service <input type="checkbox"/> Office Staff
Are you legally eligible to work in the United States and can you provide documentation of your eligibility?	Yes    No
Do you have any physical or mental condition that would prevent you from performing the essential duties of the job for which you are applying?	Yes    No    If yes, what? _____
Is there any accommodation that would be required for you to perform the essential duties of the position?	Yes    No    If yes, what? _____
Other Names You Have Used (if applicable):	_____
If you are a veteran, Branch of Service:	_____    Entry Date: _____    Discharge Date: _____
As an adult (age 18), have you ever been convicted of a misdemeanor or felony?	Yes    No
You must complete this section to be considered for the job. Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying.	
Date and Location of Conviction:	_____    Penal Code Violation Number: _____
Have you ever been dismissed or released from employment or have you ever resigned to avoid discharge?	Yes    No    If yes, please explain: _____

<b>FOR OFFICIAL USE ONLY (Do not write in this space.)</b>	
<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible    Reason:	_____

**EXPERIENCE:**

Provide employment history starting with your current or most recent job. Attach a sheet of paper if additional space is needed. Only jobs listed will be considered in determining your eligibility. **THIS SECTION MUST BE FULLY COMPLETED.**

From _____ Mo/Day/Yr	To _____ Mo/Day/Yr	Title of Your Current Position	
Company Name			Phone _____
Address		City	State
Supervisor's Name & Title			OK to contact? Y N
		Monthly Salary	Hrs/week:
Description of Duties			
Reason for Leaving			

From _____ Mo/Day/Yr	To _____ Mo/Day/Yr	Job Title	
Company Name			Phone _____
Address		City	State
Supervisor's Name & Title			OK to contact? Y N
		Monthly Salary	Hrs/week:
Description of Duties			
Reason for Leaving			

From _____ Mo/Day/Yr	To _____ Mo/Day/Yr	Job Title	
Company Name			Phone _____
Address		City	State
Supervisor's Name & Title			OK to contact? Y N
		Monthly Salary	Hrs/week:
Description of Duties			
Reason for Leaving			

### EXPERIENCE (continued)

Provide employment history starting with your current or most recent job. Attach a sheet of paper if additional space is needed. Only jobs listed will be considered in determining your eligibility. **THIS SECTION MUST BE FULLY COMPLETED.**

From _____ Mo/Day/Yr	To _____ Mo/Day/Yr	Job Title		
Company Name				Phone _____
Address		City	State	OK to contact? Y N
Supervisor's Name & Title			Monthly Salary	Hrs/week:
Description of Duties				
Reason for Leaving				

### EDUCATION, CERTIFICATION, AND SKILLS

<b>Check the highest grade/year completed:</b>	7	8	9	10	11	12	13	14	15	16	17+	
	Did you receive a high school diploma?						Y	N	GED?		Y	N
<b>High School</b>	Name of School					City		State				

List your college, business, trade, correspondence, or other courses below. Start with the highest level.

Name of School	City	State	Major	# of Years	Semesters	Quarters	CEU	Degree or certificate

List any special skills, required licenses, or professional registration (list type of License/Registration, State, Number, and Expiration Date). Summarize other special job related skills and qualifications acquired from employment or other experience that might enhance your selection for this position (for example, bi-lingual, computer skills, etc.).

---



---



---



---



---

### CERTIFICATE OF APPLICANT

I certify that all statements made in this application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal if hired. All employees will be required to submit documentation, including, but not restricted to, passport, birth certificate, Social Security card, resident alien card, and/or driver's license, verifying citizenship and eligibility to work in the United States. When applicable, employees will also be required to submit copies of educational diploma/certificate and/or military discharges. I release Riverview Homes, Inc. from any liability for the use of aforesaid information.

\_\_\_\_\_

Name (please print)
Signature
Date