

EMPLOYMENT APPLICATION



R.R.M.L., LLC (a subsidiary of Robins Robins Miller Lloyd)
 301 Rt 17 N, Suite 800
 Rutherford, NJ 07070
 Tel:(856) 673-4093 Fax:(856)494-1612

(Resume Required – Please Attach)

POSITION APPLIED FOR	TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	DATE
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NAME OF APPLICANT - LAST NAME	FIRST NAME	MIDDLE INITIAL(S)
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HOME ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()	E-MAIL ADDRESS
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HIGH SCHOOL NAME AND LOCATION (FOR GENERAL EDUCATION DEVELOPMENT (GED) LIST CITY/STATE OF AWARD)	HIGHEST GRADE COMPLETED SUCCESSFULLY <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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UNIVERSITY/COMMUNITY COLLEGE ATTENDED AND LOCATION	YEARS COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE(S), MAJOR, CERTS. EARNED
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UNIVERSITY/COMMUNITY COLLEGE ATTENDED AND LOCATION	YEARS COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE(S), MAJOR, CERTS. EARNED
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MAJOR SUBJECTS OF SPECIALIZATION

FIRST NAME:

OTHER EDUCATIONAL TRAINING/COURSES	YEARS COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE(S), MAJOR, CERTS. EARNED
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY (ACCOUNT FOR ALL PERIODS OF MILITARY SERVICE AND UNEMPLOYMENT)
 LIST ALL JOBS HELD DURING THE PAST TEN YEARS; BEGIN WITH THE MOST RECENT.
 ALL INFORMATION IS SUBJECT TO VERIFICATION

EMPLOYED BY	DATES (MO/YR)	BASE PAY (40-HOUR WEEK)	JOB TITLES AND DUTIES
COMPANY	FROM	START \$ PER	
ADDRESS STREET CITY	TO	END \$ PER	
STATE ZIP CODE SUPERVISOR	TOTAL MONTHS	REASON FOR TERMINATION EXPLAIN:	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE
COMPANY	FROM	START \$ PER	
ADDRESS STREET CITY	TO	END \$ PER	
STATE ZIP CODE SUPERVISOR	TOTAL MONTHS	REASON FOR TERMINATION EXPLAIN:	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE
COMPANY	FROM	START \$ PER	
ADDRESS STREET CITY	TO	END \$ PER	
STATE ZIP CODE SUPERVISOR	TOTAL MONTHS	REASON FOR TERMINATION EXPLAIN:	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE
COMPANY	FROM	START \$ PER	
ADDRESS STREET CITY	TO	END \$ PER	
STATE ZIP CODE SUPERVISOR	TOTAL MONTHS	REASON FOR TERMINATION EXPLAIN:	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE

LAST NAME:

R.R.M.L., LLC IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

LIST THREE WORK-RELATED REFERENCES (DO NOT INCLUDE RELATIVES)

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

FULL NAME	COMPLETE ADDRESS	HOME PHONE	WORK PHONE	OCCUPATION AND EMPLOYER	YEARS KNOWN
		()	()		
		()	()		
		()	()		

LIST RELATIVES AND ACQUAINTANCES EMPLOYED AT R.R.M.L. OR ITS SUBSIDIARIES

FULL NAME	WHERE EMPLOYED?	HOME PHONE	WORK PHONE	RELATIONSHIP	YEARS KNOWN
		()	()		
		()	()		

HAVE YOU EVER BEEN EMPLOYED BY R.R.M.L.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EMPLOYEE NUMBER(S)	IF YES, WHAT COMPANY ELEMENT?	LIST OTHER NAMES USED
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HAVE YOU EVER PERFORMED SERVICES FOR R.R.M.L. AS A VENDOR OR AS A CONSULTANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, I.D. NUMBER(S)	IF YES, FOR WHICH COMPANY(S)?
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ARE YOU WILLING TO WORK ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU READ BLUEPRINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO", CAN YOU PROVIDE PROOF THAT YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BRANCH OF MILITARY SERVICE	DATES OF SERVICE FROM: TO:	HIGHEST RANK HELD	Internal Use
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HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	PLACE	OFFENSE	DISPOSITION (USE BLANK PAPER IF REQUIRED)
HAD A TRAFFIC CITATION WHICH WAS OVER \$200? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Comments:

I certify that to the best of my knowledge and belief the foregoing information is complete and accurate. I understand that if any of the above information is incorrect or false it may be sufficient cause for immediate termination. I also understand that this application for employment does not constitute a contract of employment and representations about employment contrary to what is contained in this application. I agree that, if employed, I will abide by the Company's rules and regulations. I understand that I may be required to take a physical, substance abuse screen and/or other examination. I authorize the investigation of all statements made by me on this application and attending documents. I authorize the companies, schools or persons listed in this application to give any information regarding my previous employment and education, together with any pertinent information they may have, personal or otherwise. I release all companies; schools or parties from any liability for any damage for providing this information they may have, personal or otherwise. I understand that employment is contingent on receipt of satisfactory evidence of identity and legal eligibility to work in the United States. I further allow the Company to order and review any credit report or background search.

SIGNATURE OF APPLICANT

DATE

DO NOT WRITE BELOW THIS LINE

APPLICANT HAS BEEN BRIEFED ON ESSENTIAL JOB FUNCTIONS

INTERVIEWER'S COMMENTS