



1201 E. Mulberry Street • Fort Collins, CO 80524  
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## **Employment Application Form**

Application for Employment  
(Applicants may be tested for illegal drugs)

Please print all information requested, except for signature. Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Current Address \_\_\_\_\_

Email Address: \_\_\_\_\_

How Long at current address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

List age: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired  Full-Time  Part-Time  Full or Part Time

When available for work? \_\_\_\_\_

Describe Education: \_\_\_\_\_

Do you smoke?  No  Yes

Have you ever been convicted of a crime?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a driver's license?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration: \_\_\_\_\_

## **Work Experience**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Pay or Salary Weekly: \_\_\_\_\_

Your last job title: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

RMSB, Inc does not allow smoking, cursing, and swearing on the job sites. Is this a regulation you can adhere too? \_\_\_\_\_

Did you complete this application yourself      Yes                      No  
If not, who did?

Do you have a disability that we should know about, that will affect your work? If so, please explain. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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