



**EMPLOYMENT APPLICATION**

Equal Opportunity Employer  
Drug Free Workplace

**WHERE TO FIND** • Internet Address: [www.riteofpassage.com](http://www.riteofpassage.com)

**INFORMATION** • Rite of Passage  
Attn: Human Resources  
2560 Business Parkway, Suite A  
Minden, NV 89423  
Phone: 775-267-9411 Fax: 775-267-9419

FOR HUMAN RESOURCES USE ONLY		
Received by:	Date:	Applicant #
POSITION APPLYING FOR		
Title:		
Date:	Expected Salary: \$	
How did you hear about this position?		
Date Available:		

GENERAL INSTRUCTIONS	CONTACT INFORMATION
<ul style="list-style-type: none"> <li>• Please type, print or complete the online version of this application.</li> <li>• To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.</li> <li>• Resume submission is optional. Do not use the words "See Resume" on any portion of this application.</li> <li>• All applications must be signed to be considered. Photocopies are acceptable.</li> <li>• If you require special disability accommodations, notify the Program Manager or Interviewer.</li> <li>• Applications for employment with Rite of Passage will remain active for a period of 30 days. A separate application must be submitted for each vacancy.</li> </ul>	Name:
	Social Security Number:
	Address:
	Apt. #:                      City:
	State:                              Zip:
	Home Phone #:
	Contact Phone #:
	Email Address:

**GENERAL INFORMATION**

What days and hours are you available for work? (please check all that apply)

M	T	W	TH	F	SA	SU	Any	Days	Swing	Grave	Any
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you available for overtime?  Yes  No

**Note: Rite of Passage requires employees to work shifts, days and overtime as required by business necessity and company needs. The above information is only considered as a preference.**

Are you legally authorized to work in the United States?  Yes  No

**Note: Rite of Passage only hires U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.**

Are you 18 years of age or older?  Yes  No **Note: If hired, you may be required to submit proof of age.**

Are you presently employed?  Yes  No If yes, why do you wish to make a change? \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been employed by Rite of Passage?  Yes  No If yes, when? \_\_\_\_\_

Do you have any relatives employed by Rite of Passage?  Yes  No If yes, who? \_\_\_\_\_

**Note: There are limitations on employment of relatives and relationships to avoid conflicts of interest. Each case is considered separately.**

Have you ever been convicted, entered a plea of no contest, had a prosecution deferred, or adjudication withheld for any crime except minor traffic violations?  Yes  No

If yes, list the nature, location and date of each conviction. Nature? \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

**Note: A "Yes" answer will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.**

Do you have a current valid driver's license?  Yes  No State? \_\_\_\_\_ Expires? \_\_\_\_\_

Please list any endorsement which you possess (e.g., motorcycle, HAZMAT) \_\_\_\_\_

Do you have a current Commercial Driver License (CDL)?  Yes  No Class  A  B

CMV/CDL Applicants Only: FMCSR 391.21 Requires drivers to furnish Date of Birth: \_\_\_\_\_

**Please list all CDL licenses and/or permits for the last three years.**

State	Number	Expiration Date	Endorsements

**CDL license holders, please list previous addresses for the last three years (most recent first).**

Street	City	State/Zip	How Long

**All applicants must complete the following request for driving accidents/violations.**

**List all accidents involving a motor vehicle that you have experienced in the past three years.**

Date	City/State	Nature of Accident	Fatalities	Injuries

**GENERAL INFORMATION (CONTINUED)**

Check box to certify that you have experienced no accidents in the last three years. Initials:

**List all motor vehicle violations (other than parking) for which you were involved in during the last three years (e.g. DUI, Speeding).**

Date	City/State	Charge/Violation	Penalty

Check box to certify that you have experienced no vehicle violations in the last three years. Initials:

Have you ever had your driver’s license suspended, revoked or had your driving privileges modified by a court of law?  Yes  No

If yes, please explain:

Check this box to certify that you understand that employment with Rite of Passage requires all employees to possess a valid driver’s license for the state in which you are hired. Initials:

Check this box to certify that you understand that all offers of employment are contingent on satisfactorily passing a pre-employment physical, background check, and drug test. Initials:

Have you received a high school diploma, GED or equivalency certificate?  Yes  No

If no, please check highest grade achieved.  1  2  3  4  5  6  7  8  9  10  11  12

Your name (s), if different, while attending:

**EDUCATION AND TRAINING**

**Please list all Business, Vocational, Technical, College and/or Universities attended.**

Name/Location of Institution	Type of Degree and Course of Study (MS, Mechanical Engineering)	Did You Graduate	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Your name (s), if different, while attending any of these institutions:

**MILITARY SERVICE AND TRAINING**

Branch of Service	Dates of Service From                      To	Rank at Discharge	Career Field

Your name (s), if different, while in the military:

Please list any special training or experience while in the Military Service which might be helpful in the position for which you are applying for: \_\_\_\_\_

**LICENSES AND CERTIFICATIONS**

Type of Professional License or Certification	Expiration Date	Name of Licensing or Certification Agency

**PROFESSIONAL ORGANIZATIONS**

Please list job-related organizations, clubs, societies or other associations to which you belong. Please omit those which indicate your race, religion, creed, national origin, ancestry, sex, gender, age or any other state or federal protected right (s).

1.	2.
3.	4.

**EMPLOYMENT RECORD**

Describe your work experience in detail, beginning with your current or most recent job and include your complete employment history for the last 10 years. Use a separate block to describe each position. Include military service and job related volunteer work, if applicable. Provide an explanation of any gaps in employment. All information in this section must be completed. Resume information can not be accepted in lieu of application requested information. Note: Applications are screened and ranked for interview qualification purposes based on the degree to which previous duties, experience and responsibilities meet the requirements of the position for which you are applying.

EMPLOYER COMPANY NAME:		TYPE OF BUSINESS
STREET OR MAILING ADDRESS		YOUR OFFICIAL JOB TITLE
CITY AND STATE	TELEPHONE (    )	REASON FOR LEAVING
DATES OF EMPLOYMENT (MM/DD/YR) FROM    /    /    TO    /    /	SALARY	NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER:
NAME OF SUPERVISOR	TITLE	TELEPHONE (    )
ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:	TITLE	TELEPHONE (    )

**PLEASE LIST THE MAJOR DUTIES INVOLVED WITH THIS EMPLOYMENT**


Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No  
 Were you subject to 'safety-sensitive' Part 40 drug and alcohol testing while employed by this employer?  Yes  No

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**REFERENCES AND FAIR CREDIT DISCLOSURE/AUTHORIZATION**

Please provide the names of two (2) persons that have worked with you in a professional capacity (at least one of which should have had a supervisory relationship with you):

NAME	ADDRESS	RELATIONSHIP	TELEPHONE #

**FAIR CREDIT REPORTING DISCLOSURE/AUTHORIZATION STATEMENT**

I understand that Rite of Passage may utilize the services of a consumer reporting agency to obtain information through investigations subsequent to my date of hire.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens, and criminal background.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before Rite of Passage takes any adverse employment action based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. Such adverse action includes but is not limited to denial of promotion, demotion, hiring or discipline up to and including discharge.

I understand if I disagree with the accuracy of any information in the report, I must notify Rite of Passage within two days of my receipt of the report. If I notify Rite of Passage within two days of the receipt of the report that I am challenging information in the report, Rite of Passage will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Rite of Passage to procure a report on my background as stated above from a consumer reporting agency.

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Name (Please Print)

Applicant Signature

Date

**CERTIFICATION, AUTHORIZATION AND AGREEMENT**

*Applicant: Please read carefully and sign before submitting this application.*

The foregoing is an accurate statement of the facts to the best of my knowledge. I understand that any falsification, incomplete information or misrepresentation may be reason to refuse me employment or cause disciplinary action, including termination of employment, if hired and discovered later. I also understand that all offers of employment are conditioned upon passing a drug test and physical specified by the Company, providing satisfactory proof of my identity and legal eligibility to work in the United States, and on satisfactory completion of an employment background check.

I understand and agree that my employment is at-will, that nothing in this application or in any other expressed or implied agreement shall be deemed to create or become part of any contract of employment for a specified term between me and Rite of Passage (Company) and that my employment can be terminated at any time by me or the Company for any or no cause. I understand and agree that any statements to the contrary whether oral or written are expressly disavowed and are not to be relied upon by me. I understand that no representative of this Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Further, the President may not alter the at-will nature of the employment relationship unless it is done in a specific written employment agreement for a fixed term.

I hereby authorize the Company to investigate my record which may include verification of information with federal, state, and local authorities. I also authorize my present and former employers, school officials, and any persons I name as references to give information regarding me, whether or not it is on its records. I hereby release the Company and its representatives from liability for seeking such information and all other persons, corporations or organizations from furnishing such information. I also authorize the Company to give information concerning me to prospective employers in the future, and release the Company and its employees from any liability whatsoever.

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on successful passing of testing under such policy. I further understand that I may be terminated if I fail to pass any drug test, or if I refuse to take any drug test.

I agree to abide by all Company policies and procedures. I understand the Company may amend their benefits, policies and/or procedures at its discretion and that these benefits, policies and/or procedures do not constitute an employment contract. All such benefit information, policies and procedures are available to employees through the program manager.

Rite of Passage is an Equal Opportunity Employer. We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job related medical condition or handicap, or any other legally protected status.

We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant.

Applicant Name (Please Print)

Applicant Signature

Date