

# REAGG

## Employment Application

Please Print in Ink

### General Information

To process your application, all questions must be answered. If a question does not apply, write N/A.

Today's date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Land Line #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Please list your address for the past three (3) years

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

### Additional Information

Are you known by another name?  Yes  No If yes, please list: \_\_\_\_\_

What are your salary/hourly rate expectations? \_\_\_\_\_

Type of employment:  Full-Time  Temporary (i.e. summer)

Date available to start work: \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

Have you ever applied here or worked here before?  Yes  No If so, list date(s): \_\_\_\_\_

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

*This employer participates in the E-Verify program. If hired, verification will be required consistent with federal law.*

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### Employment

**Please Answer All Questions.** Starting with your PRESENT or most RECENT employer, list your employment history for the last 10 years. Include self-employment, military service, summer and part-time jobs. If you need more space, continue on a separate sheet. Resumes may be attached; however, the information below must still be completed.

**If presently employed, why do you wish to change positions?** \_\_\_\_\_

Present / Previous Employer	Dates: Month / Year	Position & Duties
Company Name:	Start Date:	List here:
Street Address:	End Date:	May we contact this Employer? ( ) Yes ( ) No
City, State & Zip	Phone:	Name & Title of Supervisor:
Reason for Leaving:		

Present / Previous Employer	Dates: Month / Year	Position & Duties
Company Name:	Start Date:	List here:
Street Address:	End Date:	May we contact this Employer? ( ) Yes ( ) No
City, State & Zip	Phone:	Name & Title of Supervisor:
Reason for Leaving:		

Present / Previous Employer	Dates: Month / Year	Position & Duties
Company Name:	Start Date:	List here:
Street Address:	End Date:	May we contact this Employer? ( ) Yes ( ) No
City, State & Zip	Phone:	Name & Title of Supervisor:
Reason for Leaving:		

**Account for all periods of unemployment of one (1) month duration or more since you left school to the present.**

From	To	Please State What You Were Doing
Mo/Year:	Mo/Year:	
Mo/Year:	Mo/Year:	
Mo/Year:	Mo/Year:	

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### Education

Please print in Ink and answer ALL questions

Please List School Name and Complete Address	Major, Course or Subject Studied	No. of Years Completed	Degree	GPA
High School:				
College:				
Other				
Other				

If you did not graduate, why and when did you leave school or college? \_\_\_\_\_

List any scholastic honors, offices held, and/or activities in high school or college. Do not list organizations that reveal race, creed, color, national origin, religion, age, or sex.

\_\_\_\_\_

List any foreign language capabilities: \_\_\_\_\_

List any courses, licenses or certifications you have completed which will aid this Company in evaluating your qualifications for the position you are seeking. (For example: If applying for a clerical, construction laborer, or supervisory position, note training such as word processing or computer, safety, or management training.) Use additional sheets as necessary.

Course Name	Date Enrolled From (mo/yr) / To (mo/yr)	School Name or Sponsor of Course	Describe Major Content of Course	Final Grade

Are you planning to pursue further studies?  Yes  No     Day School     Night School     Part-Time     Full-Time

If yes, when, where, and what course(s): \_\_\_\_\_

**Special Skills:** List any special skills / aptitudes that you feel are relevant or related to the position for which you are applying. You may wish to include civic / community activities, professional societies, hobbies, sports, or special training such as bookkeeping, software knowledge, operation of equipment or other applicable skills. Please do not list organizations or activities which reveal, race, religion, age, sex, national origin or ancestry, sexual orientation, disability or political persuasion.

\_\_\_\_\_

### References

Please list (3) references other than previous employers, supervisors or relatives. By providing this information, you give this Company permission to contact the individuals listed.

Name	Address	Phone Number

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### Please read before signing

ReAgg LLC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty or status as a Vietnam-era or special disabled veteran, or any other protected class in accordance with applicable federal, state and local laws. ReAgg LLC complies with all applicable laws prohibiting discrimination and harassment in the workplace in every location in which the Company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation and training. Interference with the ability of ReAgg LLC employees to perform their expected job duties will not be tolerated.

**By signing your name below, you acknowledge and certify the following:**

- All statements made by me on this application are true and complete to the best of my knowledge.
- I have withheld nothing that would affect this application unfavorably.
- Any offer I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process.
- I understand misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if hired.

**I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Company and myself. Should this application result in my employment, it will be an at-will relationship.** I have a right to terminate my employment at any time and for any reason and the Company retains the same right. I agree to conform to the rules and regulations of the Company. I further understand that no representative of the Company other than a Senior Officer of the Company has any authority to enter into any agreement with me for any specified period or to guarantee some other personnel move or benefit. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me, and a Senior Officer of the Company.

I understand that past employers, educational institutions and/or the military may be contacted for references. I authorize any such organization to provide the requested information. I further release and forever discharge the Company, its agents, its employees, and the individuals, companies, and health care providers contacted by this Company as part of its inquiries and investigations, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's inquiries and investigation of my credentials and information in connection with my application.

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drug use before being permitted to commence work for ReAgg.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I understand this entire statement applies to the period before, or after, I may be employed. I hereby acknowledge that I have read and understand each of the above statements. I authorize release of information about me to this Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

# **REAGG**

## **Employment Application**

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### **Application Submissions**

#### **To Apply in Person**

Please fill out the above application completely  
and drop it off at our main office:

ReAgg LLC  
4714 Cremen Road, Temple Hills, MD 20748



#### **To Apply by Email**

Please fill out the above application completely  
and email it to our personnel department:

employment@reagg.com



#### **To Apply by Mail**

Please fill out the above application completely  
and mail it to our main office:

ReAgg LLC  
Personnel Department  
4714 Cremen Road, Temple Hills, MD 20748



#### **Questions**

If you have any questions, please contact us:

**(301) 336-6700**  
**employment@reagg.com**