



APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

Ride-Away Handicap Equipment Corporation is an Equal Opportunity Employer. All applicants will be considered for employment without regard to their race, color, religion, national origin, age, disability, sex, veteran status, or any other class protected by federal, state, or local laws applicable to the location for which you are seeking employment such as marital status and sexual orientation.

Any offer of employment from Ride-Away Handicap Equipment Corporation may be subject to successful completion of a criminal background check, motor vehicle check, employment reference check, drug test, and/or credit check, depending upon the job duties of the position offered.

PERSONAL INFORMATION:

Desired starting salary: \$ _____	Date available:
Name _____	Today's Date: _____
Present Address _____ City _____ State _____ Zip Code _____	Telephone Number () _____
Previous Address _____ City _____ State _____ Zip Code _____	How were you referred to us?
Position applying for or area of work you are interested in: _____ Would you be willing to travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
As a condition of employment, all employees are required to submit proof of employment and identity in compliance with the Immigration Reform and Control Act of 1986. Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over the age of eighteen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, hire is subject to verification that you are of minimum legal age for the applicable position.	
Have you ever applied to or been employed by Ride-Away Handicap Equipment Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and what position? _____	



Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for Ride-Away Handicap Equipment Corporation? Yes No If yes, please explain: _____
(you may be required to furnish a copy of the agreement)

EDUCATION:

Type of School	Name and Location of School	Select Last Year Completed	Diploma, Degree, License, GED or Certification Received	Graduated (Yes/No)
High School				
College or University				
Graduate or Business School				
Trade School				

REFERENCES: List *three* people who are not related to you but who have knowledge of your qualifications for the position for which you are applying (i.e., co-worker, peer, subordinate, committee member, senior management member) and indicate relationship and organization.

Name/Relationship	Organization	Telephone
1.		
2.		
3.		



EMPLOYMENT HISTORY:

Please provide a full accounting of your work experience. Where appropriate, include experience during periods of education, time spent in the military, or volunteer experience. **Incomplete applications or responses of “See Resume” will not be accepted.**

Prior Employment (start with present or most recent employer)

1. Employer and address				Phone Number ()
From: _____ Month/Year		To: _____ Month/Year		Starting Title: Supervisor:
Current or Ending Title:		Supervisor:		
Starting Base Salary \$	Bonus (if applicable) \$	Present or Ending Base Salary \$	Bonus (if applicable) \$	Reason for leaving:
Position Responsibilities:				
2. Employer and address				Phone Number ()
From: _____ Month/Year		To: _____ Month/Year		Starting Title: Supervisor:
Ending Title:		Supervisor:		
Starting Base Salary \$	Bonus (if applicable) \$	Ending Base Salary \$	Bonus (if applicable) \$	Reason for leaving:
Position Responsibilities:				
3. Employer and address				Phone Number ()
From: _____ Month/Year		To: _____ Month/Year		Starting Title: Supervisor:
Ending Title:		Supervisor:		
Starting Base Salary \$	Bonus (if applicable) \$	Ending Base Salary \$	Bonus (if applicable) \$	Reason for leaving:
Position Responsibilities:				



APPLICANT CERTIFICATION

Have you ever been convicted of a crime that has not been annulled or otherwise discharged?
(Affirmative response to this question does not necessarily eliminate you from further consideration)

Yes

No

If YES, please explain and indicate county and state where convicted : _____

PLEASE NOTE: This information will be available only to the Human Resources Department and to those individuals involved in interviewing the candidate.

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased or expunged or which are records pertaining to a finding of youthful delinquency or that a child was a member of a family in need of services, adjudication as a youthful offender, a criminal charge that has been dismissed or nolle prossed, a criminal charge for which you have been found not guilty or a conviction for which you have received an absolute pardon. If your only criminal record consists of items that have been erased or expunged under applicable statutes, then you may state on this form that you have not been arrested.

Maryland: 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 lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00.

Massachusetts: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. In addition, an applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry relative to prior arrests or criminal court appearances.



CERTIFICATION AND AGREEMENT

I solemnly swear and certify that all answers given in this application are **true** and **complete** to the best of my knowledge and belief. In the event of an offer of employment and/or subsequent employment, I understand that false, misleading or omitted information in my application shall be grounds for withdrawal of an offer of employment or discharge at any time.

It is my understanding that Ride-Away Handicap Equipment Corporation, or its agents, may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers or oral interviews. I understand that Ride-Away Handicap Equipment Corporation, or its agents, may disclose to third parties some or all of the information given in my application as part of the background investigation. I authorize such investigation and the giving and receiving of any information requested by Ride-Away Handicap Equipment Corporation, or its agents, and I release from liability any person or organization giving or receiving any such information.

I understand that any employment will, among other things, be contingent upon the results of a background investigation and on verification of all data given or received regarding my application for employment, related papers, oral interviews or references.

I understand that this is an application for employment and that **no employment contract or promise of employment is being made**. I understand that if I am employed, such employment is for no definite period of time and that Ride-Away Handicap Equipment Corporation can change wages, benefits, practices, policies and conditions at any time. No application, brochure, policy statement, procedure, benefit plan, summary, work rules, employee handbook, or other written or oral communication between the company and its employees is intended to create an employment contract other than an "at will" employment relationship. I further agree that the "at will" employment relationship means that both the company and the employee have the right to terminate the relationship without recourse or liability at any time with or without cause and with or without notice. I fully understand and agree that if employed by Ride-Away Handicap Equipment Corporation, I am an "at will" employee. I further understand that only the President and/or Vice President of Ride-Away Handicap Equipment Corporation has the authority to make any agreement to the contrary.

I certify that in consideration of my employment I agree to abide by the rules and regulations of this company.

I also certify that there is no agreement outstanding with any third party or any other legal requirement (i.e. Non-Competition Agreement) which would prevent me from accepting employment with Ride-Away Handicap Equipment Corporation or would otherwise adversely affect such employment.

I have read and understand the above.

Signature of Applicant

Date

Print Name



Background and Credit Investigation Acknowledgement

This is to notify you that in keeping with the Fair Credit Reporting Act, Ride-Away Handicap Equipment Corporation may obtain a consumer report from a third-party consumer reporting agency, as these terms are defined in the Fair Credit Reporting Act, for the purpose of obtaining such information and completing such investigations.

I understand that in connection with my application and/or employment with you, an investigative consumer report may be requested following my submission of an application or during my employment that will include information as to my character, work habits, academic records, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my credit history, current and/or annual motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available, and workers' compensation claims. Workers' compensation information will only be requested in compliance with the ADA and/or any other applicable state laws. I hereby authorize, without reservation, any lawful enforcement agency, administrator, state agency, institution, school or university (public or private), information service bureau, employer or insurance company contacted by Ride-Away Handicap Equipment Corporation or a third party vendor representing Ride-Away Handicap Equipment Corporation to furnish the above mentioned information. I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied or I otherwise suffer an adverse employment action because of information obtained by my prospective / current employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information. I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment and may be used at any time during my employment.

I hereby acknowledge that I have read the above statement and authorize Ride-Away Handicap Equipment Corporation and/or a third party vendor representing Ride-Away Handicap Equipment Corporation to conduct a consumer and background check. I also acknowledge and understand that the information found from such report(s) will be used for the purpose of considering my application for employment.

Applicant's Signature _____

Print Name _____

Date _____

Current Street Address _____

City/State/Zip Code _____



DRUG/ALCOHOL-FREE WORKPLACE POLICY

ACKNOWLEDGMENT FORM (New Hampshire Applicants Only)

In compliance with the company’s Drug/Alcohol-Free Workplace Policy as well as applicable New Hampshire state law, Ride-Away Handicap Equipment Corporation requires all final candidates for employment in New Hampshire to successfully complete a pre-employment drug test. Any offer of employment given by Ride-Away Handicap Equipment Corporation will be conditioned upon an applicant receiving a negative pre-employment drug test.

Applicants with questions regarding the following guidelines should contact the Human Resources Department for assistance:

- I understand that all final candidates in New Hampshire will be required to submit to and successfully complete a pre-employment drug test as part of the employment process.
- I understand that a positive drug test or the refusal to undergo a drug test upon request by Ride-Away Handicap Equipment Corporation will result in disqualification of employment consideration. Additionally, I understand that tampering with the drug test or drug test results will result in disqualification of employment consideration and that any job offer that has been extended will be rescinded.
- I understand that if hired, I may be subjected to further drug testing. If I violate any of the provisions of the company’s Drug/Alcohol-Free Workplace Policy and/or if any results of an alcohol and/or drug test indicate a violation of the company’s Drug/Alcohol-Free Workplace Policy, disciplinary action will be administered, up to and including termination of employment.

By signing this form, I hereby consent to the drug test required by Ride-Away Handicap Equipment Corporation. I understand that if I test positive for a controlled substance, my conditional employment offer will be withdrawn. If I refuse to submit to the test or do anything to tamper with or dilute the test results, my conditional offer of employment with Ride-Away Handicap Equipment Corporation will be withdrawn.

Applicant Signature

Date

Applicant Name (please print)