



Rite-Solutions Inc.  
 Main Office  
 88 Silva Lane  
 Suite 220 East  
 Middletown, RI 02842  
 Phone: (401) 847-3399  
 Fax: (401) 847-8833  
 www.rite-solutions.com

**EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religious creed, sex, national origin, ancestry, age, marital status, sexual orientation, or present or past history of physical or mental disability. We are required to take affirmative action to employ and advance in employment qualified women, minorities, and disabled individuals, including veterans and veterans of the Vietnam Era.

All applications/resumes are maintained in our active file by qualification. Should we require personnel with your background, we will review those applications/resumes before further external search. You should also be aware that Rite-Solutions' policy is to promote from within whenever possible. We thank you for applying at our Company. Should your qualifications match our employment needs, we will contact you.

**Please read the entire form before you begin filling it out. For consideration, answer all items completely and accurately – do not reference your resume. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. If you require accommodation in order to complete the application process as a result of a disability, please let us know what accommodations you require.**

**POSITION INFORMATION**

Today's Date:	Salary Requirement:
Position(s) Applying for:	Referred By:

Are you able to perform the essential functions of the position(s) for which you are applying with or without reasonable accommodations?    Yes     No

If you require any special assistance or accommodation in order to do so, describe what assistance or accommodation you believe would be necessary:

**PERSONAL INFORMATION**

Name (Last, First, Middle)

Social Security Number: _____ - ____ - _____	Are you under 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, can you provide certification to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone: (    )    -    _____	Business Phone: (    )    -    _____
Current Address: Street	City, State, Zip Code
Permanent Address: Street	City, State, Zip Code

Is your citizenship or immigration status such that you can lawfully work in the U.S.?    Yes     No

Consideration for employment will be dependent upon proof of citizenship or presentation of alien registration number in accordance with the *Immigration Reform and Control Act of 1986*.

**NOTE: Employment is conditional upon providing proof of eligibility on the first day of employment.**

## EDUCATION & TRAINING

Institution	Institution Name and Complete Address	Major / Field of Specialization	Degree/Certificates/ GPA	Did you Graduate?
High/Prep School		<b>NOT APPLICABLE</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
College(s) or University(ies)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate School(s)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade or Technical Training				Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe any other education, training, special skills, including use of office machines and computer hardware/software, or certificates/licenses that you possess related to the position for which you are applying or the type of work you are seeking:

List any publications, inventions, professional awards, or any other relevant professional accomplishments:

## MILITARY HISTORY (only complete if applicable)

Have you served in the Armed Forces of the United States? Yes  No  If yes, please complete information below.

Branch of Service:

Rank at Discharge:

Field of Specialization:

Brief Description of Job Duties and Special Training:

Check if you are a current member of:  National Guard  Ready Reserve  Standby Reserve

## SECURITY

Some positions may require an applicant to obtain a security clearance to work on government contracts. For this reason, employees are subject to a thorough background investigation. If the position for which you are applying requires or may require a security clearance your response to the following questions will assist us in considering your application.

Have you ever held a security clearance? Yes  No

If Yes, Level and Present Status of Most Recent Clearance:

Date Granted:     /     /                      Name of Company where Clearance was Issued:

Have you ever been denied a security clearance for access to classified information, or has your employment ever been terminated for failure to obtain such clearance?

Yes  No  If Yes, Provide Details:

## EMPLOYMENT HISTORY

List employment history. Begin with most recent or current position and work back to earliest position. If you do not have enough space use additional space at end of application.

Present or Last Employer:

Immediate Supervisor Name and Title:

Phone Number: (     )     -

Job Title/Position/Brief Description of Duties:

Address:

Nature of Business:

Starting Date:  
(Mo/Yr)

Ending Date:  
(Mo/Yr)

Reason for Leaving:

Salary:    Hourly      Weekly      Annual                      Starting \$                      Ending \$

Previous Employer:

Immediate Supervisor Name and Title:

Phone Number: (     )     -

Job Title/Position/Brief Description of Duties:

Address:

Nature of Business:

Starting Date:  
(Mo/Yr)

Ending Date:  
(Mo/Yr)

Reason for Leaving:

Salary:    Hourly      Weekly      Annual                      Starting \$                      Ending \$

Previous Employer:

Immediate Supervisor Name and Title:

Phone Number: (     )     -

Job Title/Position/Brief Description of Duties:

Address:

Nature of Business:

Starting Date:  
(Mo/Yr)

Ending Date:  
(Mo/Yr)

Reason for Leaving:

Salary:    Hourly      Weekly      Annual                      Starting \$                      Ending \$

**ADDITIONAL INFORMATION**

Please list any additional information, which YOU feel pertains to your application at Rite-Solutions, such as skills and abilities, future educational plans, or professional, business, or civic organizations in which you participate. Please do not list any organizations or activities which would identify your race, color, national origin, religion, or similar information.

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**APPLICANT’S CERTIFICATION**

*I certify that the information I have provided in this employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false or misleading information provided or any relevant information omitted – no matter when discovered – shall result in the termination of my employment. I authorize and instruct your authorized Company representatives to make whatever inquiries they deem necessary of any person or organization that is not a consumer-reporting agency to verify any information I have provided in this application and to determine my qualifications and abilities. In exchange for the Company’s agreement to receive, process, and consider my application for employment, I hereby release the Company and any and all persons or organizations contacted by the Company from any and all claims or causes of action out of the Company’s verification of the information I have provided in this application and/or its determination of my qualifications and abilities.*

*I understand and agree that nothing contained in this application shall be deemed to be an employment contract between Rite-Solutions and myself, either for employment or for the providing of any benefit. I further understand and agree that the granting of an interview shall likewise not create such a contract. No promises regarding employment or inducements to take employment have been made or offered to me, and I understand and agree that no such promises are binding upon Rite-Solutions unless made in writing by the Company’s authorized representative. If an employment relationship is hereafter established, I understand and agree that I have the right to terminate my employment at any time for any reason and that Rite-Solutions reserves a similar right.*

*I understand that should I be employed by the Company, I may be required to sign a document which covers the protection of Company information including intellectual property, ownership of patents, copying, and disclosure of other concurrent employment activities. Additionally, as a drug-free workplace, the Company reserves the right to require me, as a prospective employee, to participate in drug or alcohol usage tests, and failure to participate or pass such tests may result in an employment offer being rescinded.*

Applicant’s Signature:

Date:

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Notice: This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment after that time period should inquire as to whether or not applications are then being accepted.



**VETERAN STATUS INFORMATION** (continued)

Please check all boxes that apply to you:

- I am a veteran of the Vietnam era.** A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28,1961 and May 7,1975 or (ii) between August 5,1964 and May 7,1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- I am a recently separated veteran.** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am an other protected veteran.** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.**

**SPECIAL DISABLED VETERANS** (APPLICANT: Only complete this section if the Company has checked "Yes" below)

**EMPLOYER:** Please indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.

- Yes.** The Company invites its applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in the company's affirmative action program.

Check this box ONLY if the company is actually undertaking affirmative action for special disabled veterans at the application state (pre-offer) or is otherwise authorized to collect this data to comply with federal, state, or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

**APPLICANT**

If the company has checked "Yes" to the question above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "special disabled veteran" as:

- a. A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or related at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- b. A person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under the company's affirmative action program for special disabled veterans. You may elect to be included at this time or any time in the future.

- Yes.** I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)
- No.** At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.

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

**FOR ADMINISTRATIVE USE ONLY**

Hired  Yes  No Position hired for: \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled (or applied for, if applicant rejected)?

- Executive/Senior Level Officials and Manager
- First/Mid-Level Officials & Managers
- Professionals
- Service Workers
- Technicians
- Sales Workers
- Administrative Support Workers
- Craft Workers
- Operatives
- Laborers and Helpers

Notes:

Completed By \_\_\_\_\_ Date \_\_\_\_\_

**To be filed separately from employment application**