

REGIONAL INCOME TAX AGENCY (RITA)

EMPLOYMENT APPLICATION

The Regional Income Tax Agency (Agency) is an equal opportunity employer. We are committed to a work environment that supports, inspires, and respects all individuals and in which personnel decisions are merit-based and applied without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, marital status, age, disability, national or ethnic origin, military service status, citizenship, or other protected characteristic. In compliance with the Americans with Disabilities Act, the Agency will seek to provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the Agency.

Position(s) Applied For	Date of Application
How did you learn about the Agency? <i>(check one)</i>	
Advertisement	Friend
Walk-in	Recruiting Firm
Current Employee	Other
Other <i>(please explain)</i> :	

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Address	City	State Zip County
Telephone Number(s) where we can contact you:		Email Address
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes No
Have you ever submitted an application with this Agency before? If yes, please give date: _____		Yes No
Have you ever been employed with this Agency before? If yes, please give date: _____		Yes No
Are you currently employed?		Yes No
If yes, may we contact your present employer for references?		Yes No
Are you legally qualified to work in the United States? <i>(Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Proof of citizenship or immigration status will be required upon employment)</i>		Yes No
On what date would you be available for work? _____		

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this Agency. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with this Agency?

Yes No

If yes, please explain:

Are you able to perform the essential requirements of the job? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

EDUCATION

High School	Address		Check Last Year Attended				Graduated	
			9	10	11	12	Yes	No

College	Address		Check Last Year Attended				Graduated	
			1	2	3	4	Yes	No
Degree	Yes	No	GPA					
Major:								

College	Address		Check Last Year Attended				Graduated	
			1	2	3	4	Yes	No
Degree	Yes	No	GPA					
Major:								

College	Address		Check Last Year Attended				Graduated	
			1	2	3	4	Yes	No
Degree:	Yes	No	GPA					
Major:								

Summarize special skills and training not listed above.

REFERENCES

List names, addresses, and telephone numbers of three business references who are not related to you.

1. _____
2. _____
3. _____

State any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT HISTORY (List your most recent position first).

1. Employer	Dates Employed (mm/yyyy)		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
2. Employer	Dates Employed (mm/yyyy)		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
3. Employer	Dates Employed (mm/yyyy)		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
4. Employer	Dates Employed (mm/yyyy)		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

List professional, trade, business, or civil activities and offices held. You may exclude memberships which reveal race, color, religion, sex, national origin, disability, age, genetic information, military status or sexual orientation.

Have you ever been discharged from any employment or asked to resign? Yes No

If yes, please explain:

NOTIFICATION AND AGREEMENT PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Regional Income Tax Agency (Agency) to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, gender identity, marital status, age, disability, national or ethnic origin, military service status, citizenship, or other protected characteristic, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Agency's policies and procedures, and understand that, if employed, the employment relationship with the Agency is "at will". This means that my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Agency or me. I further understand that no representation, whether oral or written by any representative or agent of the Agency, at any time, can constitute a contract of employment. I understand that the Agency and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Agency has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Executive Director, or to make any agreement contrary to the foregoing.

I agree that any claims or lawsuits relating to my application for employment with the Agency and/or its agents/representatives must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly waive any statute of limitations to the contrary.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____