



Rich Products Corporation Employment Application

Rich Products Corporation's dynamic culture has been fostering innovation, cultivating learning and encouraging excellence for more than 60 years. Our passion for what we do is exceeded only by our passion for providing extraordinary opportunities for our extraordinary people. As part of our "Rich Promise," we treat our associates and our communities the same way: Like Family.

We're more than just a large family company—we're a family whose passion and dedication to continually pursue excellence has grown into a global enterprise. If you are looking for a challenging opportunity in a high-performance, innovative culture with strong ethics and an open, trusting environment, then your opportunity is here.



Date			
First Name		M.I.	Last Name
Current Street Address			
City/Province		State	Zip/Postal Code Country
Email address			
Home Phone ()		Alternate Phone ()	
Have you previously applied to, been interviewed by or been employed by Rich Products or any subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, dates and for what position?</i>			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment type preferred: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship			
<div></div>			
Do you agree to undergo a background and drug test as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about our opening?	
Position applying for:		Location:	
Date available:	Shifts you are available to work (if applicable):		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected annual salary for this position (In USD) \$ Current Salary (In USD) \$	

EDUCATION

School	City, State	Major/Subject	# Years Attended	Did you Graduate?	Type of Degree or Certification
				Y / N	
				Y / N	
				Y / N	

Provide a summary of other job-related certifications, licenses, permits, skills, training, or any other special information that qualifies you for the position for which you are applying.

Foreign language (check appropriate abilities)

Language: ☐ Speak ☐ Read ☐ Write

Language: ☐ Speak ☐ Read ☐ Write

EMPLOYMENT HISTORY — List your three most recent positions, starting with your present or most recent job.

Company Name			
Street Address		City, State, Zip	Phone ()
Starting Title		Ending Title	
General Job Duties in most recent position			
Dates of Employment	Supervisor's Name/Title		Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After offer is accepted
Reason for leaving	Base Salary/Wage:	Bonus:	Other:
Company Name			
Street Address		City, State, Zip	Phone ()
Starting Title		Ending Title	
General Job Duties in most recent position			
Dates of Employment	Supervisor's Name/Title		Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After offer is accepted
Reason for leaving	Base Salary/Wage:	Bonus:	Other:
Company Name			
Street Address		City, State, Zip	Phone ()
Starting Title		Ending Title	
General Job Duties in most recent position			
Dates of Employment	Supervisor's Name/Title		Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After offer is accepted
Reason for leaving	Base Salary/Wage:	Bonus:	Other:
Have you ever been involuntarily terminated from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Are you currently a party to a non-competition agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a copy of the agreement.	

BUSINESS REFERENCES

Name	Company/Title	Phone ()	Nature of Relationship
Name	Company/Title	Phone ()	Nature of Relationship

Please read carefully before signing.

I certify that the information contained in this application and other forms submitted for consideration of employment are true, accurate and complete to the best of my knowledge, without omission of consequence. I agree that any misrepresentation, false statement or omission made by me with respect to the information contained in this application, in the interview process or in conjunction with the investigation shall be sufficient cause for rejection of my application or termination of my employment regardless of when or how discovered.

I also authorize you to investigate, solicit reports and verify any information with prior employers, schools and references and hereby grant permission to such sources to release such information to you except as limited in this application. I agree to cooperate in such an investigation and release all persons and organizations from all liability and responsibility for supplying and receiving such information.

I understand that any offer of employment and any employment resulting therefrom is 'at will' and both my employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the company or myself. In consideration of my employment, I agree to conform to the rules and regulations of the company and I understand and agree that this application and any other company documents including written policies are not contracts of employment.

I further recognize that employment is subject to:

- The receipt of acceptable reports from all references solicited.
- My submitting to and passing a drug screen to support Rich's efforts to promote a safe and productive work environment for our associates.

I also recognize that I will be required to:

- Furnish a work permit if I am under age 18.
- Produce original documents specified by the federal government establishing my identity and authorization for employment and sign Form I-9, Employment Eligibility Verification, under a penalty of perjury that documents presented are genuine and related to me.
- Sign an Associate Agreement dealing with your policy on confidential information, assignment of inventions, conflicts of interest and restriction of competitive employment and certain other employment forms.

We are proud to be an Equal Opportunity Employer and invite qualified candidates to apply. We are also committed to the highest standards in our employment policies and practices. As part of our efforts to provide a safe and productive environment and hire talented and qualified associates, we maintain a drug-free workplace and perform pre-employment substance abuse testing and background investigations.

Signature of Applicant _____ Date _____

INVITATION TO SELF-IDENTIFY

Name: _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Rich Entertainment Group is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action. To implement these policies and to respond to federal affirmative action record keeping and reporting requirements, it is important that the following information be gathered from all applicants and employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

RACE/ETHNIC GROUPS: Are you Hispanic or Latino? Yes ☐ No ☐

If you answered “No” to the question “Are you Hispanic or Latino?” please check the applicable race box (check one):

- ☐ White (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino)

SEX:

☐ Male ☐ Female

VETERAN STATUS:

Classifications of *protected veteran* are defined as follows:

- A “**disabled veteran**” is either a veteran of the U.S. military, ground, naval or air service 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 Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

- ☐ I identify as one or more of the classifications of *protected veteran* listed above.
- ☐ I am **not** a *protected veteran*.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Job Title: _____ Date of Hire: _____