

# Rapid Repair 2001, Inc.

"Electronically Servicing the Vending Industry"

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## APPLICATION FOR EMPLOYMENT

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**"PLEASE ANSWER ALL QUESTIONS ON BOTH PAGES. – BE SURE TO PRINT OR WRITE NEATLY".**  
**Mail the address shown above. PLEASE DO NOT APPLY IN PERSON OR CALL .**

### I. Basic Information

DATE OF BIRTH \_\_\_\_\_

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Education (circle last year completed)

High School 12 11 10 9 did you Graduate?  Yes  No

College 4 3 2 1 did you Graduate?  Yes  No

Specialty School or Trade School 4 3 2 1 did you Graduate?  Yes  No

Marital Status S M D Any Children?  Yes  No Ages \_\_\_\_\_

Do you smoke?  Yes  No How many cigarettes a day? \_\_\_\_\_

Do you drink?  Yes  No  Liquor  Beer  Wine How many per week? \_\_\_\_\_

Ever had a problem at work?  Yes  No Explain \_\_\_\_\_

Do you have any personal interest that may conflict with work?  Yes  No

Explain if Yes \_\_\_\_\_

### II. Work Related Information

Are you currently employed?  Yes  No Details if yes \_\_\_\_\_

If currently unemployed, how long? \_\_\_\_\_

Previous Employment (list last 5 year history – start with most recent)

Company \_\_\_\_\_ From \_\_\_\_\_ MONTH \_\_\_\_\_ YR to \_\_\_\_\_ MONTH \_\_\_\_\_ YR

City \_\_\_\_\_ State \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Company \_\_\_\_\_ From \_\_\_\_\_ MONTH \_\_\_\_\_ YR to \_\_\_\_\_ MONTH \_\_\_\_\_ YR

City \_\_\_\_\_ State \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Company \_\_\_\_\_ From \_\_\_\_\_ MONTH \_\_\_\_\_ YR to \_\_\_\_\_ MONTH \_\_\_\_\_ YR

City \_\_\_\_\_ State \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

(Employment)

Ever had a work related injury?  Yes  No Details if yes \_\_\_\_\_

Can you lift 50 pounds?  Yes  No

In the past 5 years how many days of work have you missed? \_\_\_\_\_

Computer skills – What level?  Very Skillful  Average skill  little skill  None

Do you have any problems following orders?  Yes  No

If you know a better way to do something, what would you do? Explain \_\_\_\_\_

Any previous management experience?  Yes  No Explain \_\_\_\_\_

Communication skills Do you have any problem with, Answering questions on the telephone  Yes  No

Calling people on the telephone  Yes  No

Talking to people face to face  Yes  No

How is your driving record? Any tickets past 5 years?  Yes  No

Any accidents past 5 years?  Yes  No

Any DUI past 10 years?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Explain any of the above \_\_\_\_\_

Any travel experience?  Yes  No Can you read a road map?  Yes  No Ever use a GPS?  Yes  No

Can you stay out of town (up to 2 consecutive nights)  Yes  No

Ever had any Sales Experience?  Yes  No Explain \_\_\_\_\_

Are you looking for  Full Time  Part Time

Are there any days or times that you are not available (Monday through Friday)?  Yes  No

If yes, explain \_\_\_\_\_

What rate of pay are you looking for? \_\_\_\_\_ (hourly-weekly circle one)

How do you get along with?  Workers \_\_\_\_\_  Customers \_\_\_\_\_

**The above statements and answers are True to the best of my ability.**

Dated and signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Signed by \_\_\_\_\_

All applications will be kept on file for one year. If we are interested we will contact you for an interview.

**DO NOT WRITE BELOW THE NEXT LINE (For Interviewer Only)**

Date of Appointment \_\_\_\_\_, 20\_\_\_\_ Appointment Time \_\_\_\_\_ Was the applicant on time?  Yes  No

If late did they call?  Yes  No what was the reason? \_\_\_\_\_

Interviewed by \_\_\_\_\_ O 22