

Shirt size \_\_\_\_\_ / Visor \_\_\_\_\_ or Ball Cap \_\_\_\_\_

# RTY, Inc.

## Application for Seasonal Re-employment

An Equal  
Opportunity Employer

161 Tuscora Ave. NW  
New Phila., OH 44663

Please complete. TYPE or PRINT in dark ink.

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Permanent Address: \_\_\_\_\_  
House Number Street City State Zip Code

Phone Number: ( ) - . Cell # \_\_\_\_\_

Position Desired \_\_\_\_\_

### PERSONAL DATA

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have a disability or health concern that may affect your ability to perform the work for which you are applying? \_\_\_\_\_ YES \_\_\_\_\_ NO.

If yes, please explain: \_\_\_\_\_

### AVAILABILITY

**MUST BE AVAILABLE TO WORK WEEKENDS AND ALL HOLIDAYS**

YOUR AVAILABILITY DATES ARE VERY IMPORTANT AND WILL HAVE A STRONG BEARING ON YOUR ACCEPTANCE WITH RTY, INC.

Agreement dates are difficult to change once you have been selected for employment; therefore, list only firm dates. Preference will be given to **applicants who can work the longest period of time during our season of operation.**

I can start working on: \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

I can continue working until: \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

Vacation Dates if known.

\_\_\_\_\_  
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