## RTY INC.

## **Application for Seasonal Employment**

## An Equal Opportunity Employer

161 Tuscora Ave. NW New Phila., OH 44663

Please complete BOTH sides. TYPE	or PRINT in da	rk ink.		
Name:				
Last Name		First Name		Middle Initial
Permanent Address:  House Number	Street	City	State	Zip Code
Phone #: ()	- <u>.</u> Cell	#		_ <b>,</b>
Position Desired				
	ERSONAL (			
Date of Birth:			Age:	
Date of Birth: Have you ever been employed by	RTY Inc. befo	ore:	/EŠ	NO
If yes, please list dates and a	rea of employ	ment:		
Do you have a disability or health			ability to p	erform the
work for which you are apply		•		
If yes, please	yg			
explain:				
oxpiaini				
	AVAILABIL	ITV		
YOUR AVAILABILITY DATE	_	=		
STRONG BEARING O	N YOUR ACC	EPTANCE WIT	HRIY, IN	C.
	ust be able to			
FRIDAYS, SATUR	DAYS, SUN	DAYS and H	OLIDA YS	3
Preference will be given to <b>appl</b> e	icants who c	an work the lo	onaest pei	riod of tin
during our season of operation			Jan Jan	
I can start working on:		DAY	YE	EAR
And continue working until:	MONTH	DAY		EAR
EMDI	LOYMENT H	HISTORY		
	Position He		on for Loovi	na
Employer & Address From:	FUSILIUII HE	Ned S	on for Leavi	iig İ
To:				
From:				
То:				
From:				

## **EDUCATION**

School	Name and Address	Major	Circle highest grade completed			
High School			9	10	11	12
College			1	2	3	4
Technical			1	2	3	4
Other			1	2	3	4

REFERENCES						
Name	Occupation	Address	Telephone			
		IN CASE OF EMERGE				
	Telephone:					
Address:	Street	City State	Zip Code			
information shall be suffice permission to investigate a lin making this approach made whereby information others with whom you a general reputation, person written request within a reand scope of this investigation.	ient cause for rejection any of the information olication for employment is obtained through re acquainted. This onal characteristics are asonable time to receptation.	n of my application or of included in this application or of included in this application, it is understood to personal interviews with inquiry includes informed mode of living. You additional, detailed	that an investigation may be ith your neighbors, friends, or mation as to your character, ou have the right to make a d information about the nature			
Signature:			_ Date:			
Please indic	ate what Sport or oth	ner School Activity yo	ou participate in.			