

Royalty Companies of Indiana, Inc.

An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____

Present Address _____

Phone # _____ Are you 18 years or older? Yes _____ No _____

Are you authorized to work in the U.S.? Yes _____ No _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary _____

Are you currently employed? _____

May we speak to your current employer? _____

Have you ever been employed by this company before? Yes _____ No _____

If so, when and where _____

EDUCATION

Highest level of education attained _____

Name and address of institution _____

Degrees and certifications _____

Have you ever been convicted of a felony? Yes _____ No _____

If the answer is "Yes", please explain in concise detail in the space below, given the dates and nature of the offense, the name and location of the court and the disposition of the case. A conviction may not disqualify you, but a false statement will.

Are you currently employed and receiving funds from the employer? _____

Employment History (Please list the 3 most recent employers)

DATES MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	SALARY POSITION	REASON FOR LEAVING
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FROM
TO

FROM
TO

FROM
TO

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
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1. _____

2. _____

3. _____

APPLICANT STATEMENT

I understand and agree to the following statements:

This application is not a contract of employment.

Should Royalty Companies of Indiana, Inc. hire me and should any of the information that I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

I understand that Royalty Companies of Indiana, Inc. follows an “at will” policy of employment, meaning that I or Royalty Companies of Indiana, Inc. may terminate my employment at any time for any reason consistent with applicable law. My employment and compensation can be terminated with, or without cause, and with or without notice, at anytime, at the option of Royalty Companies of Indiana, Inc. and or myself.

I authorize investigation of all statements given on this application. Royalty Companies of Indiana, Inc. may contact any educational institution, law enforcement agencies, references, or employers listed on this application, except my current employer if so noted, and all other sources deemed necessary to verify/ investigate all information contained in the application. I hereby release all involved parties from any liability arising from such an investigation.

I declare that all the information given in this application is complete and true, which, if found false, will constitute significant grounds for refusal of hire or termination of my employment.

Acknowledged and agreed to _____

Date_____

(This application will be considered to be valid one month from the above date.)

DRUG POLICY

Royalty Companies of Indiana, Inc. believes that a workplace should be an environment that is safe and drug free for our employees. With this in mind, Royalty has a drug testing policy for employees that includes random testing. Royalty also prohibits possession or use of alcohol, drugs and or drug paraphernalia on company property.

To maintain and enforce this policy, Royalty Companies of Indiana, Inc. will adhere to the following policies:

- All employees may be required to submit to post accident and random screenings.
- If the Company has reason to believe that there has been a violation of this policy, the Company may inspect the employee, employees possessions and or vehicle on company property.

I have read, understood and agreed that not adhering to, and or observing the above policies, procedures, guidelines may lead to: corrective actions, probation and or immediate termination of my employment with Royalty Companies of Indiana, Inc.

Acknowledged and agreed to _____

Date _____

Authorization for verification of Driving Record

I _____ hereby agree and authorize Royalty
Companies of Indiana, Inc. to verify my driving record with the
Bureau of Motor Vehicles.

Date _____

Signature _____

(Please provide a copy of your driver's license.)