



RMI MANAGEMENT, LLC

630 Trade Center Drive, Suite 100
Las Vegas, NV 89119
702.737.8580 f 702.737.3360
www.rmillc.com

EMPLOYMENT APPLICATION

View open positions at www.rmillc.com
Fax completed resume to (702) 932-6739 or email to hr1@rmillc.com

Position Desired: _____

Application Date: _____

Applicant's Statement:

I understand that this application will be given every consideration, but it is not a guarantee of employment.

I understand that if I am hired, my employment will be for no definite period regardless of the date of payment of my wages, and that I have the right to terminate my employment at any time with or without notice, and that RMI has the same right. No one other than the President of RMI Management, LLC has authority to make any other agreement.

I understand all offers of employment are contingent on the provision a valid Social Security Number as well as satisfactory proof of my identity and legal right to work in the United States per Employment Eligibility Verification Form I-9.

I understand that RMI may require me to submit to a test for the presence of drugs and/or alcohol in my system prior to my employment and at any time during my employment.

At any time the company may require me to take a physical examination, drug and/or alcohol test, and I consent to the disclosure of the results to RMI.

I understand that the company may investigate my driving record and my criminal record, and that a consumer credit report may be obtained.

In connection with this application, I authorize RMI and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with RMI and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. (Check box below if you do not want your present employer contacted.) Moreover, I hereby release RMI and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I request that you do not contact my present employer unless necessary to determine my qualifications for the position.

I hereby state that all information that I provide on this application and in the interview is true and complete. I understand that if I am employed and any such information is later found to be false or omitted in any respect I will be subject to immediate discharge.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

Signature of Applicant

Last	First	Middle	
Current Address		City Zip	State How long have you lived there?



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Previous Address		City	State	How long did you live there?
	Zip			
Home Phone	Cell Phone	Have you ever worked for RMI before?		If yes, When? Where?
Have you been convicted of a crime (felony or misdemeanor) in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write date of conviction, charges, and sentence.				
Education	High School	College		Trade/Graduate/Professional School
Name				
Address				
City/State				
Diploma/GED/Degree Received	Yes No	Yes No	Yes No	

References List persons who know you well – not relatives or previous employers			
	Occupation	Address, City, State	Phone

Indicate any actual experience you have had in any of the following positions/equipment/software:

- HOA Community Manager Payroll MS Excel Typing Speed (WPM)
 Assist. Prop. Mgr. Accounts Receivable MS Outlook 10 Key by Touch
 Accounts Payable MS Word MS Access Fax
 Multi-Line Phone Copier

List most recent job first. Explain any gaps in employment. You must complete sections where ALL of the specific requested information is not on your resume.

Most Recent Employment	Employed	Monthly Rate		Job Title/Work Performed
Name	From (mo/yr)	Start	Final	
Address				
City/State/Zip	To (mo/yr)	Name of Supervisor		Reason for Leaving
Phone				
Previous Employment	Employed	Monthly Rate		Job Title/Work Performed
Name	From (mo/yr)	Start	Final	
Address				



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Previous Employment	Employed	Monthly Rate		Job Title/Work Performed
Name	From (mo/yr)	Start	Final	
Address				
City/State/Zip	To (mo/yr)	Name of Supervisor		
Phone				Reason for Leaving
Which of these jobs did you like best and why?				
Which of these jobs did you like least and why?				
Languages other than English:		Speak	Read	Write
Additional skills, certifications and/or training:				
Salary Desired:				

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE, AND FREE OF OMISSIONS.

Signature of Applicant

Date