

**Physical Record:**

Describe any physical conditions, which may limit your ability to perform the particular job for which you are applying, describing in detail how you can perform the job in spite of it.

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**In case of emergency, Contact person.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any relatives employed by this Agency? \_\_\_\_\_

If yes, whom? \_\_\_\_\_

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**Days and Hours of Availability**

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Please review and sign:

In making application for employment:

I certify that the information in this application is true and complete for all practical purposes. Should a position be offered and later it is found that the information is significantly untrue incomplete, or misrepresented, I understand and agree that RCA is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

Print Full Legal Name: \_\_\_\_\_

Sign Full Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: This application will be considered current and retained on file for a period of six months.**

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