

# ROCKY MOUNTAIN STONE CO., INC.

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
street
city
state
zip

Telephone number \_\_\_\_\_ Text  Yes  No Email: \_\_\_\_\_

Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

Have you worked here before?  Yes  No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform these essential functions with or without reasonable accommodation?  Yes  No

Are you willing to work overtime as required?  Yes  No

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School			DO NOT COMPLETE SHADED AREAS	
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company?

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**POSITIONS APPLIED FOR 1.** \_\_\_\_\_ **2.** \_\_\_\_\_

Wage or salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**WORK HISTORY**May we contact your present employer?  Yes  No

Most Recent Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that the employer may give me a conditional job offer, following which I may be required to furnish information regarding medical condition and history and any information regarding any pre-existing permanent physical impairment. I further understand that once given a conditional job offer, I may be required to submit to pre-employment testing for the illegal use of drugs.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_