

BIG RIVER CAST STONE, INC.

APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(NUMBER) (STREET)

CITY, STATE, ZIP _____
(CITY) (STATE) (ZIP)

PHONE _____ ALT. PHONE _____

SOCIAL SECURITY # _____

ARE YOU LEGAL TO WORK IN THE UNITED STATES?

- YES
 NO

ARE YOU 18 YEARS OF AGE OR OLDER?

- YES
 NO

ARE YOU A MILITARY VETERAN?

- YES
 NO

IF YES, DATES OF ACTIVE DUTY
FROM _____ TO _____

***ALL APPLICANTS
ARE SUBJECT TO A
PRE-EMPLOYMENT
DRUG SCREENING***

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) THAT THIS COMPANY WILL REQUIRE TO VERIFY ANY OF THE INFORMATION ON THIS APPLICATION?

EMPLOYMENT DESIRED

JOB TITLE: _____

DATE YOU CAN START: _____ WAGE DESIRED _____

ARE YOU AVAILABLE TO WORK (circle one): FULL TIME PART TIME SEASONAL

EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED (circle one) YES NO

NAME OF LAST SCHOOL ATTENDED _____

LOCATION OF SCHOOL _____

CIRCLE LAST YEAR OF SCHOOL COMPLETED: 6 7 8 9 10 11 12 13 14 15 16+

CIRCLE THE HIGHEST DEGREE EARNED: H.S. DIPLOMA GED CERTIFICATE AA BD MD PHD

AREA OF CONCENTRATION AND/OR DEGREE(S), CERTIFICATES, LICENSES, ENDORSEMENTS:

OTHER TRAINING OR SKILLS (factory or office machines operated, special courses, computer skills, etc.)

LIST ALL INJURIES YOU HAVE HAD (back, neck, wrist, knee, etc): _____

EMPLOYMENT HISTORY: (list employers starting with the current or most recent)

COMPANY NAME: _____ JOB TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

START DATE: _____ END DATE: _____ RATE OF PAY: _____

DETAILED JOB DUTIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ JOB TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

START DATE: _____ END DATE: _____ RATE OF PAY: _____

DETAILED JOB DUTIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ JOB TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

START DATE: _____ END DATE: _____ RATE OF PAY: _____

DETAILED JOB DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR FORMER EMPLOYERS TO VERIFY THIS INFORMATION? YES NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts is cause for dismissal.

SIGNATURE _____ DATE _____