



# RAZOR ROCK MATERIALS COMPANY

## Employment Application

Instructions: Please provide responses to all of the following inquiries. Do not merely state 'see resume'. If you need additional space for your responses, please attach additional sheets. In addition to this application, you may be requested to provide other information. We will only consider applications that are complete, signed and dated.

### Personal Information- please PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Type of employment desired:  Full-time  Part-Time  Temporary  Seasonal  Educational Co-Op

Applicant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Referral:  Advertisement  Walk-in  Relative  Government Employment Agency

Employee/Name of Employee: \_\_\_\_\_  Other \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Have you been previously employed by our organization:  Yes If yes, when? \_\_\_\_\_  No

Have you submitted an application here before: .....  Yes  No

If yes, give date(s) and positions(s) \_\_\_\_\_

Do you have a legal right to be employed in the United States? .....  Yes  No

Are you of legal age to work? .....  Yes  No

If you are under 18 and it is required, can you furnish a work permit? ....  Yes  No

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

When are you available to begin work? \_\_\_\_\_ What is your desired salary? \$ \_\_\_\_\_

Do you require reasonable accommodation during the screening process?  Yes  No

If so, please explain \_\_\_\_\_

Do you have a valid driver's license, if driving is an essential job function?  Yes  No

If yes, name of issuing state: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Are you able to meet the attendance requirements of the position? .....  Yes  No

Will you work overtime if required? .....  Yes  No

If no please explain: \_\_\_\_\_

Our organization is committed to equal employment opportunity. We do not discriminate on the basis of age, race, sex, color, national origin, disability, martial status, religion or sexual orientation.

**Previous Employer:** May we contact this employer?  Yes  No Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Summarize the type of work performed and job responsibilities \_\_\_\_\_

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

Starting Job Title/Final Job Title: \_\_\_\_\_ Starting Hourly Rate/Salary \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_ Final Hourly Rate/Salary \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer:** May we contact this employer?  Yes  No Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Summarize the type of work performed and job responsibilities \_\_\_\_\_

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

Starting Job Title/Final Job Title: \_\_\_\_\_ Starting Hourly Rate/Salary \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_ Final Hourly Rate/Salary \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Comments: \_\_\_\_\_

### Current and Prior Employment:

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets, if necessary). Explain any gaps in employment in comments section below.

**Current Employer:** May we contact this employer?  Yes  No Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer:	Date Employed From                  To	Summarize the type of work performed and job responsibilities
_____	_____	_____

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

Starting Job Title/Final Job Title:	Starting Hourly Rate/Salary	
_____	_____	_____
	\$                  per	_____

Immediate Supervisor and Title:	Final Hourly Rate/Salary	
_____	_____	_____
	\$                  per	_____

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employer:** May we contact this employer?  Yes  No Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer:	Date Employed From                  To	Summarize the type of work performed and job responsibilities
_____	_____	_____

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

Starting Job Title/Final Job Title:	Starting Hourly Rate/Salary	
_____	_____	_____
	\$                  per	_____

Immediate Supervisor and Title:	Final Hourly Rate/Salary	
_____	_____	_____
	\$                  per	_____

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Educational Background

A. List the last three (3) schools attended, starting with the most recent. B. List the Number of years completed. C. Indicate the degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. School	B. # of years completed	C. Degree/Diploma	D. GPA/ Rank	E. Major	F. Minor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### References

List three (3) business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references that are *not* related to you. Please indicate if business or personal reference.

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

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

Telephone: \_\_\_\_\_ Years known to applicant \_\_\_\_\_  Business  Personal

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

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

Telephone: \_\_\_\_\_ Years known to applicant \_\_\_\_\_  Business  Personal

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

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

Telephone: \_\_\_\_\_ Years known to applicant \_\_\_\_\_  Business  Personal

### Certification

I certify that all information submitted by me on this application is accurate and complete. I understand that any false information, inaccuracies or misrepresentations may disqualify me from consideration or be a reason to terminate my employment. I understand the organization may contact former employers, educational institutions I have attended and personal references. Information obtained from these sources may be used in the organization's hiring decision.

Any offer of employment is contingent upon a negative result of a pre-employment drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if hired.

Applicant Signature \_\_\_\_\_

Today's Date \_\_\_\_\_