



EMPLOYMENT APPLICATION

LANNON STONE PRODUCTS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL IN ANY PHASE OF EMPLOYMENT IN ACCORDANCE WITH THE REQUIREMENTS OF LOCAL, STATE, AND FEDERAL LAWS.

EMPLOYEE INFORMATION

NAME _____

ADDRESS _____

CITY STATE ZIP _____

PHONE _____ EMAIL _____

DATE OF APPLICATION _____

POSITION APPLIED FOR _____

SOCIAL SECURITY NUMBER _____

IF REQUIRED, WILL YOU WORK: OVERTIME _____ SATURDAYS _____ DESIRED RATE OF PAY \$ _____ PER _____

DATE YOU CAN START? / / REFERRED BY: _____

EVER APPLY TO THIS COMPANY BEFORE? _____

SKILLS & QUALIFICATIONS

OTHER QUALIFICATIONS SUCH AS SPECIAL SKILLS, ABILITIES OR HONORS THAT SHOULD BE CONSIDERED:

TYPES OF COMPUTERS, SOFTWARE, AND OTHER EQUIPMENT YOU ARE QUALIFIED TO OPERATE OR REPAIR:

PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS:

ADDITIONAL SKILLS, INCLUDING SUPERVISION SKILLS, OTHER LANGUAGES OR INFORMATION REGARDING THE CAREER/OCCUPATION YOU WISH TO BRING TO THE EMPLOYER'S ATTENTION:

EDUCATION & TRAINING

	INSTITUTION NAME	YRS COMPLETED	FIELD OF STUDY	GRADUATE
HIGH SCHOOL				Y N
COLLEGE / UNIVERSITY				Y N
BUSINESS / TECHNICAL				Y N
ADDITIONAL				Y N

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

MILITARY

ARE YOU A VETERAN? _____ DUTY / SPECIALIZED TRAINING: _____

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	CITY & STATE	TELEPHONE	OCCUPATION	YRS KNOWN

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYMENT FIRST. INCLUDE SUMMER OR TEMPORARY JOBS. BE SURE ALL YOUR EXPERIENCE OR EMPLOYERS RELATED TO THIS JOB ARE LISTED HERE, IN THE SUMMARY FOLLOWING THIS SECTION OR ON AN EXTRA SHEET OF PAPER IF NECESSARY.

NAME OF EMPLOYER	_____	PAY \$ _____ PER _____
ADDRESS	_____	DESCRIBE DUTIES PERFORMED:
CITY & STATE	_____	
TELEPHONE	_____	
TYPE OF BUSINESS	_____	
SUPERVISOR	_____	EMPLOYMENT DATES FROM: _____ TO: _____
REASON FOR LEAVING	_____ _____	

NAME OF EMPLOYER	_____	PAY \$ _____ PER _____
ADDRESS	_____	DESCRIBE DUTIES PERFORMED:
CITY & STATE	_____	
TELEPHONE	_____	
TYPE OF BUSINESS	_____	
SUPERVISOR	_____	EMPLOYMENT DATES FROM: _____ TO: _____
REASON FOR LEAVING	_____ _____	

NAME OF EMPLOYER	_____	PAY \$ _____ PER _____
ADDRESS	_____	DESCRIBE DUTIES PERFORMED:
CITY & STATE	_____	
TELEPHONE	_____	
TYPE OF BUSINESS	_____	
SUPERVISOR	_____	EMPLOYMENT DATES FROM: _____ TO: _____
REASON FOR LEAVING	_____ _____	

EMERGENCY CONTACT

IN CASE OF EMERGENCY, NOTIFY:

NAME _____

PHONE _____

RELATIONSHIP _____

INFORMATION TO APPLICANT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to Lannon Stone Products' rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Lannon Stone Products' option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Lannon Stone Products. I understand and agree that I may be required to supply proof of authorization to work in the United States or have a physical examination and/or drug test.

SIGNATURE _____

DATE _____

