

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veterans status



ROCK QUARRY

P E R S O N A L	Last Name First Name Middle			Date
	Street Address			Home Telephone ()
	City, State, Zip Code			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> No If yes: Month and Year _____ / _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> No			When will you be available to begin work? _____
	Other special training or skills, (languages, machine operation. etc.)			

E D U C A T I O N	School	Name and Location of School	Course and Study	No. of Years Completed	Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business / Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations (exclude those that may discuss your race, color, religion or national origin)

Please give accounts, complete full-time and part-time employment record. Start with your present or most recent employer

1	Company Name	Telephone ()
	Address	Employed-(State month and year From _____ To _____)
	Name of Supervisor	Weekly pay Start _____ Last _____
	State job title and describe your work.	Reason for leaving
2	Company Name	Telephone ()
	Address	Employed-(State month and year From _____ To _____)
	Name of Supervisor	Weekly pay Start _____ Last _____
	State job title and describe your work.	Reason for leaving
3	Company Name	Telephone ()
	Address	Employed-(State month and year From _____ To _____)
	Name of Supervisor	Weekly pay Start _____ Last _____
	State job title and describe your work.	Reason for leaving
4	Company Name	Telephone ()
	Address	Employed-(State month and year From _____ To _____)
	Name of Supervisor	Weekly pay Start _____ Last _____
	State job title and describe your work.	Reason for leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT Employer Number (s) _____ Reason:
MILITARY	Did you serve in the U.S. Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What Branch?
Describe any training received relevant to the position for which you are applying.		

On completion of this form. Please mail this form to:

**FST Sand and Gravel
P.O. Box 2798
Corona, Calif 92878**

A COPY OF YOUR SIGNED RELEASE AGREEMENT FORM MUST BE INCLUDED