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Application for Employment

(Pre-Employment Questionnaire) (Equal Opportunity Employer)

Last

First

Middle

Personal Information

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Phone: _____ Are You 18 Years or Older? Yes No

Are You Prevented From Lawfully Becoming Employed
 In This Country Because of Visa or Immigration Status? Yes No

Employment Desired

Position: _____ Date You Can Start: _____ Salary Desired _____

Currently Employed? Yes No May We Inquire of Your Present Employer? Yes No

Referred By: _____

Education

	Name and Location	*No. of Yrs. Attended	*Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence school				

General

Subjects of Special Study or Research: _____

Special Skills: _____

Activities (Civic, Athletic, Etc.): _____

Exclude Organizations, the name of which indicates the race, creed, sex, age, marital status, color, or nation of origin of its members

US Military Service: _____ Rank: _____

Present Membership in National Guard or Reserves: _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

Do you have any illness, injury, disability, or physical defect which would limit you from performing the duties required by certain kinds of work? Yes No

If yes, please explain: _____

Can you consistently lift and carry 100 pounds? Yes No

Have you ever pleaded guilty or been convicted of a crime? Please include any felonies and misdemeanors. Yes No

If yes, please explain: _____

Are you a legal resident of the US? Yes No

If hired you will be required by Federal Law to fill out an I-9 form and must show the proper documentation with proof of Employment Eligibility (ie: Driver's License AND Social Security Card)

Date available to start work: _____

Former Employers (List below the last three employers, starting with the most recent first)

Date (MM/YY)	Name and Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

References (List below the names of three persons not related to you, whom you have known at least 1 year)

Name	Phone Number	Yrs. Acquainted	Relationship

In case of Emergency notify (Name & Phone): _____

I certify that all information submitted on this application is true and complete. 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 consider of my employment, I agree to conform to the company's rules and regulations. 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 the company's 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 the company. I understanding that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Sign: _____

Date: _____