

# TOWN OF GRANITE QUARRY

## APPLICATION FOR EMPLOYMENT

*The Town of Granite Quarry does not discriminate on the basis of age (as defined by applicable law), religion, sex, race, color, sexual orientation, national origin, disability, or veteran status. Please notify office personnel if you need any assistance in completing this form.*

*The Town of Granite Quarry is an "At Will" Employer*

**PLEASE PRINT except for the signature section on this application.**

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip Code

Telephone Number ( ) ( )  
Home Alternate

Are you 18 years of age or older? Yes ☐ No ☐ Date you are available to begin work: \_\_\_\_\_

Are you eligible to work in the United States? Yes ☐ No ☐ (Note: Proof of eligibility will be required at the time of employment.)

Position Applied For: \_\_\_\_\_ Salary Range Desired: \_\_\_\_\_

Full-Time ☐ Part-Time ☐

Have you ever been convicted of a violation of the law (except a minor traffic violation or sealed record)? Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

Do you have any relatives or friends currently employed by the Town of Granite Quarry? Yes ☐ No ☐

If yes, please provide their name(s) and relationship(s): \_\_\_\_\_

Are you available to work overtime? Yes ☐ No ☐ Are you available for shift work? Yes ☐ No ☐

Are you available to be on call 24 hours / 7 days a week if required by the job? Yes ☐ No ☐

Referred by: ☐ Newspaper ☐ Employee ☐ Agency ☐ Other

Please specify referral source: \_\_\_\_\_

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### EDUCATION & TRAINING

Name	City/State	Degree/Cert./Diploma	Area of Study
High School:			
College:			
Graduate School:			
Business, Trade, or Other:			

Additional training, education, or certificates that are related to the position for which you are applying:

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Please post specific equipment, software, and skills related to the position for which you are applying:

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### EMPLOYMENT HISTORY

*Please list names of employers in consecutive order with most current listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.*

1. Employer \_\_\_\_\_

Address \_\_\_\_\_

*Street or PO Box*

*City*

*State*

*Zip Code*

Telephone (     ) \_\_\_\_\_ Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
*Mo./Yr.* *Mo./Yr.*

Name, Title, and Phone Number of Supervisor \_\_\_\_\_

Earnings: Beginning \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

Your job title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

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

May we contact your present employer at this time? Yes ☐ No ☐ If not now, when? \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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2. Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
*Street or PO Box* *City* *State* *Zip Code*

Telephone ( ) \_\_\_\_\_ Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
*Mo./Yr.* *Mo./Yr.*

Name, Title, and Phone Number of Supervisor \_\_\_\_\_

Earnings: Beginning \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

Your job title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

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

May we contact this employer? Yes ☐ No ☐

3. Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
*Street or PO Box* *City* *State* *Zip Code*

Telephone ( ) \_\_\_\_\_ Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
*Mo./Yr.* *Mo./Yr.*

Name, Title, and Phone Number of Supervisor \_\_\_\_\_

Earnings: Beginning \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

Your job title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

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

May we contact this employer? Yes ☐ No ☐

**NOTE:** Please indicate any additional employers on the reverse side of this sheet.

Applicant Name: \_\_\_\_\_

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### REFERENCES

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Years Known \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Years Known \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Years Known \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

*I certify that the information contained in this employment application is true and complete. I understand that any false information or omission(s) may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I further understand I will be required to successfully pass a drug screening examination, criminal background check and possible physical (depending on the requirements of the position) and consent to such, as a condition of employment.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_