

EMPLOYMENT APPLICATION (NON-DRIVER)



In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other protected class.

A. PERSONAL INFORMATION

Name: _____ Phone: _____
Last First Middle

Email: _____

Referred By: _____

Current Address: _____
Street City State Zip Years

Have you ever been convicted of a felony? Yes No (Do not answer if you live or are applying to work in MN).

If yes, please explain: _____

Do you have a legal right to work in the U.S.? Yes No

B. POSITION DESIRED

1. _____ 2. _____

Date available for work: _____ Salary desired: _____ Per: _____

Ever applied to this company before? _____ Where? _____ When? _____

Are you a former employee? _____ Where? _____ When? _____

Relatives employed by this company? Name: _____ Location: _____

Are you employed now? _____ Do you wish to work: Temporary Part-time Full-time

C. REFERENCES (excluding relatives)

Name	Address	Phone Business	Year(s) Known	Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

D. EDUCATION

Education	Name and Location	Subject(s) Studied	Highest level Completed
High School			
Jr. College / College / University / Trade School			
Other - explain			

F. EMPLOYMENT HISTORY (List present or most recent employer first)

Please provide complete and accurate, full-time and part-time employment record

1

Employer _____

Phone / City / State _____

Position Title _____

Supervisor's Name and Title _____

Rate of pay _____

Date of Employment (Month/Year) From _____ To _____

Describe your responsibilities: _____

Explain your reason for leaving: _____

May we contact your employer? Yes No (explain)

2

Employer _____

Phone / City / State _____

Position Title _____

Supervisor's Name and Title _____

Rate of pay _____

Date of Employment (Month/Year) From _____ To _____

Describe your responsibilities: _____

Explain your reason for leaving: _____

May we contact your employer? Yes No (explain)

3

Employer _____

Phone / City / State _____

Position Title _____

Supervisor's Name and Title _____

Rate of pay _____

Date of Employment (Month/Year) From _____ To _____

Describe your responsibilities: _____

Explain your reason for leaving: _____

May we contact your employer? Yes No (explain)

4

Employer _____

Phone / City / State _____

Position Title _____

Supervisor's Name and Title _____

Rate of pay _____

Date of Employment (Month/Year) From _____ To _____

Describe your responsibilities: _____

Explain your reason for leaving: _____

May we contact your employer? Yes No (explain)

Have you ever been discharged by an employer? Yes No

If yes, please explain all terminations: _____

List all periods in which you were unemployed: _____

How did you spend this time? _____

Do you have responsibilities, activities or commitments that may require time away from work? _____

If yes, please explain: _____

Would you be able to work overtime or weekends? _____

I certify that I am not engaged in any outside activity or business that could be considered in conflict with the company's interest or those of its clients, nor will I become engaged in such activity or business if employed.

In the event of employment, I understand that false and misleading information given on my application or interview(s) may result in discharge. I also understand to abide by all rules and regulations of the company; as permitted by law.

Signature: _____ Date: _____

Applicant

PRE-EMPLOYMENT DRUG AND ALCOHOL AUTHORIZATION FORM

I, _____, understand the Company requires a pre-employment drug screen test, which is at the companies expense, and if offered a position, my employment would be contingent upon passing such test. After accepting a position, I will adhere to company's drug and alcohol policy.

Print Name _____ Date _____

Signature _____

AUTHORIZATION FOR RELEASE FORM

I authorize the company to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

If applicable, I also understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e)

I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on accuracy of the information

Signature _____ Date _____

Applicant

EMAIL TO: HR@cemstone.com