



APPLICATION FOR EMPLOYMENT
GENERAL INFORMATION - EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME:	SOCIAL SECURITY #
ADDRESS:	PHONE #
EMAIL ADDRESS:	ALTERNATE PHONE #
DRIVERS LICENSE/ID #	STATE: EXPIRES:

EDUCATION

NAME OF INSTITUTION	YEARS COMPLETED	YEAR GRADUATED
HIGH SCHOOL:		
COLLEGE:		
OTHER (SPECIFY):		

WORK EXPERIENCE

COMPANY:	DATES EMPLOYED: <u>START</u>	<u>END</u>
ADDRESS:	PAY RATE: <u>START</u>	<u>END</u>
TELEPHONE:	<u>WORK PERFORMED:</u>	
SUPERVISOR:		
REASON FOR LEAVING:		

COMPANY:	DATES EMPLOYED: <u>START</u>	<u>END</u>
ADDRESS:	PAY RATE: <u>START</u>	<u>END</u>
TELEPHONE:	<u>WORK PERFORMED:</u>	
SUPERVISOR:		
REASON FOR LEAVING:		

COMPANY:	DATES EMPLOYED: <u>START</u>	<u>END</u>
ADDRESS:	PAY RATE: <u>START</u>	<u>END</u>
TELEPHONE:	<u>WORK PERFORMED:</u>	
SUPERVISOR:		
REASON FOR LEAVING:		

REFERENCES

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER



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PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

CIRCLE ONE

Are you legally eligible for employment in the U.S.? <i>Proof of citizenship or immigration status and employment eligibility will be required upon employment.</i>	YES	NO
Are you currently on "lay off" status and subject to recall?	YES	NO
Are you active in the military reserves?	YES	NO
Do any of your friends or relatives work with us? If yes, please state name and relationship _____	YES	NO
Do you have a valid driver's license?	YES	NO
Has your driver's license ever been suspended or revoked? If yes, please explain _____	YES	NO
Have you ever been arrested for DUI or any other misdemeanors? If yes, please describe _____	YES	NO
Have you been convicted of a felony or crime in the past 10 years? If yes, please describe _____	YES	NO
Have you ever been terminated from a position? If yes, please explain _____	YES	NO
What position are you interested in? _____		
When would you be able to begin work? _____		
Are you available to work full time? If no, please indicate desired amount of hours per week _____	YES	NO
Do you have your own transportation?	YES	NO
FIELD WORK ONLY: Do you have any medical conditions (vision problems, asthma, allergies, heat intolerance, back/joint problems, vertigo, etc.) that could impact your ability to drive safely, operate heavy equipment, or work outside for prolonged periods of time? If yes, please explain _____	YES	NO



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AUTHORIZATION - EQUAL OPPORTUNITY EMPLOYER

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of this employer.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize Stonegate Enterprises, Inc. to access my personal history through one of the consumer reporting agencies. If a report is obtained, I understand that I have the right to request the name of the agency queried so that I may obtain from them the nature and substance of the information contained in the report.

SIGNATURE _____ DATE _____

MOTOR VEHICLE RECORD CONSENT FORM (Driving Positions Only)

I, _____, give my permission to Stonegate Enterprises, Inc. to obtain information on my driving record in the selection process of application for employment and for insurance purposes upon employment.

I also understand that a copy of my driving record will be kept in my personnel file if employment is made with Stonegate Enterprises, Inc.

SIGNATURE _____ DATE _____



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BACKGROUND CONSENT FORM - EQUAL OPPORTUNITY EMPLOYER

In connection with my application for employment, Stonegate Enterprises, Inc. (the employer) may request criminal background records on me. I understand that these reports may include a social security trace, credit bureau report, criminal background searches, department of motor vehicle records, sex offender registries, and other governmental public record sources.

By signing below, I give my consent and authorization to this employer and any agency contacted in connection with this application to obtain the investigative reports as listed above.

I release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to the employer and/or the screening agency information that they may request pursuant to this release.

A photocopy or faxed copy of this release will act as the original and shall be valid for this and any future reports or updates that may be requested by the employer in connection with my employment.

SIGNATURE _____ **DATE** _____

PLEASE COMPLETE THE FOLLOWING FORM:

PRINT FULL NAME: _____ DATE OF BIRTH: _____
First Middle Last

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE NUMBER _____ STATE _____

PRESENT ADDRESS

ADDRESS:	APARTMENT:	
CITY:	STATE:	ZIP:

PREVIOUS ADDRESS

ADDRESS:	APARTMENT:	
CITY:	STATE:	ZIP: