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## EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
POSITION APPLIED FOR		DATE OF APPLICATION	
FIRST NAME		LAST NAME	
CELL PHONE		EMAIL	
MAILING ADDRESS		CITY, STATE, ZIP CODE	
SOCIAL SECURITY NUMBER		REFERRED BY:	

EDUCATION			
LEVEL	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	STUDIES - DEGREE
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS			
OTHER (PLEASE DESCRIBE)			

EMPLOYMENT EXPERIENCE			
Start with your present or last job. Include any job-related military service assignments or volunteer activities.			
Employer:	Dates Employed		Work Performed
Address:	From:	To:	
Phone:			
Job Title:	Supervisor:		
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From:	To:	
Phone:			
Job Title:	Supervisor:		
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From:	To:	
Phone:			
Job Title:	Supervisor:		
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From:	To:	
Phone:			
Job Title:	Supervisor:		
Reason for Leaving:			

<b>COMMENTS</b>	Include explanation of any gaps in employment

Describe any specialized training, apprenticeship, skill and other job related activities.

**FOR TRUCK DRIVERS**

**LICENSE INFORMATION**

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

**DRIVING EXPERIENCE**

TYPE OF EXPERIENCE	BRIEF DESCRIPTION: Ex: Transfer, End Dump, Bottom Dump, Water Truck, Heavy Equipment, Etc.	DATE TO	DATE FROM

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES: NO:

Has any license, permit or privilege ever been suspended or revoked? YES: NO:

If yes, explain:

**PERSONAL REFERENCES**

NAME	PHONE NUMBER

**CERTIFICATION TO BE READ AND SIGNED BY APPLICANT**

I certify that I am eligible to work in the United States and I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation on all statements contained in this application. I understand that misrepresentation or the omission of any information requested in this application process may result in dismissal. I authorize all former employers, educational institutions, associations, registration and licensing boards, Department of Motor Vehicles, and others to furnish whatever detail is available concerning my qualifications. Further, I understand and agree that my employment is "at will", which is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without cause and without any previous notice. I accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.

APPLICANT'S SIGNATURE		DATE	
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APPLICANT'S PRINTED NAME	
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FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

**EMPLOYMENT BACKGROUND REVIEW**

**EMPLOYER REFERENCE CHECKS**

FORMER EMPLOYER	PHONE NUMBER	CONTACT PERSON	COMMENTS

**PERSONAL REFERENCE CHECKS**

NAME	PHONE NUMBER	CONTACT PERSON	COMMENTS

**INTERVIEW**

INTERVIEWER:		DATE OF INTERVIEW:
TIME OF INTERVIEW:	WAS APPLICANT ON TIME?	
REMARKS, ATTITUDE, ETC.		
ABILITIES, SKILLS, TRAINING, ETC.		
NEATNESS, OVERALL APPEARANCE		
HIRED?    YES        NO	POSITION:	DEPARTMENT:
STARTING WAGE:	PROMISED INCREASES AND DATES:	DATE REPORTING TO WORK:
HIRED BY AND TITLE:		DATE HIRED: