

International Stone Source, Inc.

Application of Employment

Pre-Employment Questionnaire*Equal Opportunity Employer

PERSONAL INFORMATION

NAME (LAST NAME FIRST)	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS	CITY	STATE	ZIP CODE
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PERMANENT ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER ()

ARE YOU 21 OR OLDER? YES NO	DRIVERS LICENSE NUMBER & STATE
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EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW? YES NO
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
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HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR CORRESPONDENCE

EMPLOYMENT DESIRED

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR TRAINING/SKILLS

U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

FROM
TO

FROM
TO

FROM
TO

FROM
TO

HAVE YOU EVER BEEN CONVICTED OF A FELONY, IF YES PLEASE LIST BELOW

REFERENCES: GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE	BUSINESS	KNOWN	YEARS

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS	CHARACTER
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PERSONALITY	ABILITY
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HIRED _____ FOR _____ POSITION _____ WILL _____ SALARY _____
DEPT. _____ REPORT _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER