



# TOWN OF GRANITE QUARRY APPLICATION FOR EMPLOYMENT

## 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? \_\_\_\_\_

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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: \_\_\_\_\_