

All questions must be answered to be considered

Ohio Stone, Inc.

Application For Employment-Equal Opportunity Employer

Personal Information

Name _____ S.S.# _____

Address _____

City _____ State _____ Zip Code _____

Phone(Home) _____ Cell Phone _____

Do you have a valid Driver's License? _____ yes _____ no

Are you on a Lay-off and subject to recall? _____ yes _____ no

Can you travel if asked? _____ yes _____ no

Have you ever been convicted of a felony within the last 7 years? _____ yes _____ no

Explain: _____

Are you taking any prescription drugs? _____ yes _____ no

If yes, what? _____

Employment Desired

Position _____ Date Available _____

Are you employed now? _____ Where? _____

May we enquire to your current employer? _____

Education History

High School _____ Did you graduate? _____ Year _____

College _____ Did you graduate? _____ Year _____

Trade School _____ Did you graduate? _____ Year _____

General Information-Please list any areas of special work or training that you have had that are relevant to Natural Stone Processing or Stone Splitting.

Do you know how to operate a Skid Steer? _____ yes _____ no

Do you know how to operate an Excavator? _____ yes _____ no

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Physical Limitations

Do you have any physical limitations? If so, list and describe: _____

Have you ever applied for Workman's Compensation? If so list and describe: _____

Former Employment-Start with last one first

Date	Company Name City & Phone #	Pay Rate	Reason For Leaving
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

U. S. Military Service: _____ Rank: _____ Discharge Type: _____

Personal References

List 3 persons not related to you, whom you have known at least three years.

Name	Phone #	Years known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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 any and all information they may have concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from any and 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 authorized company representatives.

This waiver does not permit the release or remove of disability related or medical information in a manor prohibited by the **Americans With Disabilities Act (ADA)** and other relevant federal and state laws.

Date: _____ Signature: _____

Email this form to jeff@ohiostone.net