



Canaan Stone Works

Application For Employment

Pre-Employment Questionnaire

C.S.W. is an Equal Opportunity Employer

DATE: _____

Personal Information

NAME (FIRST AND LAST)		DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE DRIVERS LICENSE NO.
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	EMAIL		

Desired Employment

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER APPLIED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO OUR COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> ONLINE POST <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER _____		

Education

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

General

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

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LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

Former Employers			
NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Former Employers			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Former Employers			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

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BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOW AT LEAST ONE YEAR

REFERENCES			
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD		
BRANCH OF SERVICE	DISCHARGE DATE	RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHING THE LAST 5 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN (WE WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

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 concerning my previous employment and any pertinent information they 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.”

SIGNATURE

DATE