



STONE INDUSTRIES, LLC

COMPLETE ON-SITE WASTEWATER
MANAGEMENT SOLUTIONS

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____
Address: _____
Telephone: _____ SS#: _____
Position: _____ Start Date: _____
Expected Salary/\$hr: _____ Full or Part Time(circle) M/T/W/T/F/S

Have You Worked With Us Before? If Yes, Explain Job, Title, and Duration: _____

Including Traffic Violations, Have You Ever Been Convicted of A Crime? Please Explain: _____

Do You Have Any Physical Handicap That Would Prevent You From Doing Driving or Manual Labor Types Of Work? If So Please Explain: _____

EDUCATION

Name/Location of School	Grade Completed	Did You Graduate?	Degree
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EMPLOYMENT HISTORY (Start with most recent work experience and work back)

Company Name	Telephone#	Position	Dates (from/to)	Salary	Reason for Leaving
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May We Contact Your Previous Employers? Yes No

Please List Three References With Phone Numbers & Relationship (Excluding Family)

1: _____
2: _____
3: _____

STONE INDUSTRIES APPLICATION FOR EMPLOYMENT (cont.)

Can you drive standard transmission? Yes No

How did you hear we were hiring?

Federal and state law requires that all applications be considered without regard to race, religion, color, sex, age or national origin. We believe in and fully support the principal of equal employment opportunity and will fulfill our obligation to the fullest. I acknowledge that if I am hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that I am free to quit my employment at any time for any reason, without notice. The statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements will be grounds for immediate discharge.

APPLICANT'S SIGNATURE:

Motor Vehicle Driver License Information Consent Form

I _____ HEREBY AGREE AND GRANT PERMISSION TO
(PRINT NAME)

_____**Stone Industries, LLC / Stone Installations, LLC**_____
TO SECURE AND REVIEW MY MOTOR VEHICLE RECORD.
(NAMED INSURED)

I HEREBY UNDERSTAND THAT THIS REVIEW IS FOR INSURANCE UNDERWRITING PURPOSES ONLY.

DRIVER'S LICENSE # _____

DATE OF BIRTH _____

SIGNED: _____

WITNESS: _____

DATE: _____

*A COPY OF THE REPORT CAN BE OBTAINED BY WRITING:
ChoicePoint Consumer Center
PO Box 105108
Atlanta, GA 30348-5108*