



# KINSELLA QUARRIES

## Application for Employment

Please Type or PRINT clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE. indicate same. **Please Fax completed application to (315) 637-1808.** We appreciate your interest in **Kinsella Quarries.**

This company subscribes to all Federal and State statutes which prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

Last:	First:	M.I.:	SSN:
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**PERMANENT ADDRESS:**

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City:	State:	Zip:	Tel:
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- Are you 18 years of age or older?     Yes    No
- Are you employed now?     Yes    No  
     If so, may we inquire of your present employer?     Yes    No
- Position applied for: \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_/wk
- Other position(s) qualified for:
- Are you legally eligible for employment in the United States?
- Check shift(s) you can work:     Full Time     Part Time     Day     Evening     Night
- Special Licenses or Certifications: \_\_\_\_\_  
     Expiration Date \_\_\_\_\_
- Have you ever been employed by this company?     Yes    No
- Americans with Disabilities Act Clarification: If a job description has been provided, with or without reasonable accommodation, can you perform the essential job functions for the position you have applied for?     Yes    No

**EDUCATION:**

Circle Highest Grade Completed:    Grade School    High School    College    Graduate

1 2 3 4 5 6 7 8    9 10 11 12    1 2 3 4    1 2 3 4

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other Graduate, Business or Vocational School, or Other Training Skills: \_\_\_\_\_

Military Service Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_ Rank: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT RECORD (List Most Recent First)

Name of Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary Start: \$ \_\_\_\_\_ per \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Last: \$ \_\_\_\_\_ per \_\_\_\_\_  
Your Position/ Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Briefly Describe Your Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_

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Type of Business: \_\_\_\_\_ Last: \$ \_\_\_\_\_ per \_\_\_\_\_  
Your Position/ Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary Start: \$ \_\_\_\_\_ per \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Last: \$ \_\_\_\_\_ per \_\_\_\_\_  
Your Position/ Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Briefly Describe Your Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_

### REFERENCES: (Other than relatives or former employers) (List Three)

Name	Complete Address	Phone	Occupation	Years Known

After a conditional offer of employment, I understand that a pre-employment medical examination and drug screen must be to our satisfaction before starting work. I authorize investigation of any information provided on this application. I also authorize investigation of my employment records and references. I understand that a misrepresentation is cause for voiding this application or termination of employment if hired. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_