



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 statues 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:
--------------	---------------	-------------	-------------

PERMANENT ADDRESS:

City:	State:	Zip:	tel:
--------------	---------------	-------------	-------------

1. Are you 18 years of age or older? Yes No
2. Are you employed now? Yes No
If so, may we inquire of your present employer? Yes No
3. Position applied for: _____ Rate of Pay Expected \$ _____/wk
4. Other position(s) qualified for: _____
5. Are you legally eligible for employment in the United States?
6. Check shift(s) you can work: Full Time Part Time Day Evening Night
7. Special Licenses or Certifications: _____
Expiration Date _____
8. Have you ever been employed by this company? Yes No
9. 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 _____
Type of Business: _____
Your Position/ Title _____ Supervisor _____
Reason for leaving _____
Briefly Describe Your Duties and Responsibilities _____

Name of Company _____ Address _____ Phone _____
Dates of Employment: From _____ To _____
Type of Business: _____
Your Position/ Title _____ Supervisor _____
Reason for leaving _____
Briefly Describe Your Duties and Responsibilities _____

Name of Company _____ Address _____ Phone _____
Dates of Employment: From _____ To _____
Type of Business: _____
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 _____