

Employment Application



Personal Details

First Name

Middle Name

Last Name

Contact Details

Email Address

Address

City

State

Zip

Phone Number

High School

School Name

City

State

Diploma? Yes No

College / Technical School

School Name

City

State

Diploma? Yes No Degree / Certification / Area of Study

Employment Information

Date You Can Start

Preference: Full-Time Part-Time Shift Preference: Day Night Any

How Did You Hear About Rock Industries?

Please Answer the Following Questions

Are You At Least 18 Years of Age? Yes No

Are You Authorized to Work in the United States? Yes No

Have You Been Convicted of Any Misdemeanors or Felonies in the Past 5 Years?

Yes No If Yes, Please Explain

Have You Used Names Other Than the One Provided?

Yes No If Yes, Please Explain

Employment History

May We Contact Your Current or Most Recent Employer? Yes No

Current / Most Recent Employer

City State Zip

Phone

Position Held Date Range

Supervisor

Duties

Pay Upon Leaving Reason for Leaving

Previous Employer

City State Zip

Phone

Position Held Date Range

Supervisor

Duties

Pay Upon Leaving Reason for Leaving

Please Explain Any Gaps in Your Employment History

Job-Related Skills

Please List Any Additional
Work Related Skills And/Or Experiences.

References

Please list 2-3 references that can be contacted.

Name

Relationship

Years Known

Phone Number

Additional Information

Name

Relationship

Years Known

Phone Number

Additional Information

Name

Relationship

Years Known

Phone Number

Additional Information

Application Certification Agreement

1. I certify that the information provided by me is to the best of my knowledge complete and true. I understand that any false information, omissions or misrepresentations of facts called for in the application may result in rejection of my application or discharge at any time during my employment.

2. I authorize Rock Industries and/or its agent, including consumer-report bureaus, to verify any of the information I have provided. I authorize former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and release all such persons and organizations from all liability brought forth by any investigation resulting from my submission of this application and the data contained herein.

3. I understand that the use of controlled substances is prohibited during employment. I am willing to submit to drug/alcohol testing to detect the use of illegal drugs prior to and during employment.

4. I understand that this application or the acceptance of the same does not constitute an employment contract of any kind. I understand and agree that if employed, my employment will be "at will." That is, either Rock Industries or I may end the employment relationship at any time for any reason or for no reason.

5. I understand that by signing or typing my name in the signature line below and submitting this application I am verifying my understanding of, and agreement of the above.

Signature

Date

Application cannot be saved. Please print for your records before submitting.