

STONE PHOTO APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status

P E R S O N A L	Last Name:		First:		Middle:	
	Street Address:				Home Phone: ()	
	City, State, Zip Code:				Business Phone: ()	
	Have you ever applied for employment with Stone Photo Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month _____ Year _____				Social Security Number:	
	Position Desired:				Pay Desired:	
	Have you ever applied for employment with Stone Photo Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, what hours can you work? _____				Will you work overtime if asked?	
	Are you legally eligible for employment in the United States?				When will you be available to begin work?	
	Other special training or skills (languages, machine operation, etc.):					

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT HISTORY

1	Company Name:	Phone: ()
	Address:	Employment Dates: Start: End:
	Name of Supervisor:	Weekly Pay: Start: End:
	Job Title and Description:	Reason for Leaving:

2	Company Name:	Phone: ()
	Address:	Employment Dates: Start: End:
	Name of Supervisor:	Weekly Pay: Start: End:
	Job Title and Description:	Reason for Leaving:

3	Company Name:	Phone: ()
	Address:	Employment Dates: Start: End:
	Name of Supervisor:	Weekly Pay: Start: End:
	Job Title and Description:	Reason for Leaving:

4	Company Name:	Phone: ()
	Address:	Employment Dates: Start: End:
	Name of Supervisor:	Weekly Pay: Start: End:
	Job Title and Description:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want contacted and the reason why	Employer Number: _____ Reason: _____ Employer Number: _____ Reason: _____
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MILITARY	Did you serve in the U.S. Armed Forces?	If "Yes", In what Branch? ARMY AIR FORCE NAVY MARINES
Describe any training relevant to the position for which you are applying.		

ADDITIONAL INFORMATION

The information requested below is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, and sexual preference.

What was your previous address?:

Are you over 18 years of age?
If not, employment is subject to verification of age

Are you a US Citizen? Yes No

Number of Dependents, including yourself:

Have you ever been bonded?
If "Yes", with what employers? Yes No

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The information provided in the Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that the acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

_____ (Date)

_____ (Signature)