Perkins Cinders, Inc.

Perkins Aggregates, Inc.

1950 E. Adams, Show Low, AZ 85901

Phone (928) 537-2008 Fax (928) 537-2912

Email: HR@perkinscinders.com

APPLICATION FOR EMPLOYMENT

Personal Information		Date:		
Name:Last	First	Middle		
Address: <u>Mailing</u>		City	State	Zip
How long have you	u lived in this area?	Phone:		
status? Yes Are you 18 Years of			ecause of visa or i	mmigration
•	1 not necessarily disqual			
Employment De	esired			
Position:		Date you Can Start:	Salary Desired:	
Are you employed	l now? Yes	No May we cor	ntact them? Y	es No
Have you ever app	plied to this company b	efore?	When?	
Referred by:				
Education Grammar School High School	Name & Location	Years Attended	Graduate	Studied
College				
Trade, Business or Correspondence School				
General		1		
Subjects of special	study or research work:			
Special Skills:				
Activities: (Civic, A		reas aread cay ago marital a		<u> </u>

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members. *This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

Former Employers (List below last three employers, starting with last one first)

Date	Name, Address & Phone	Salary	Position	Reason for Leaving
From				
То				
From				
То				
From				
То				

Which of these jobs did you like best?

What did you like most about this job?

References: (Give the names of three persons not related to you, whom you have known at least one year)					
Name	Phone #	Business	Years Acquainted		
(1)					
(2)					
(3)					

In case of

emergency notify:

Name

Relationship

Phone No.

I certify that all facts contained in the application are true and complete and acknowledge that the company is relying on the accuracy of the information provided. I authorize the company to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the company. I also authorize the company to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment or wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of the company in a formal written agreement signed by both of us.

Date:	Signature:		
	Do not write below this line		
Remarks:			
Interviewed by:	Date:		
Hired: Yes	No Position: Dept.		
Salary/wage:	Date reporting to work:		