



STONE PROTECTION SERVICES

CA PPO LIC #17449
 5150 N Sixth Street, Fresno, CA 93710
 (559) 677-7466

APPLICATION FOR EMPLOYMENT

Stone Protection Services is an Equal Opportunity Employer to all regardless of race, color, creed, national, origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. Incomplete or illegible applications will not be considered. You may attach a resume, but must still complete all questions; or your application will be deemed incomplete and may not be considered. Fill out each box and do not just indicate "See Resume." Applications missing an indicated position will not be considered. Falsifying information will result in removal from consideration.

PERSONAL INFORMATION					
Position Applying For: <input type="checkbox"/> P/T <input type="checkbox"/> F/T			Date Available to Start:		
Name (Last, First, Middle)			Maiden or other names you have been known under:		
Street Address:			City:	State & Zip Code:	
Home Phone:	Work Phone:		Cell Phone:		
Are you a citizen or national of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you legally eligible to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your current age?			
In the last 7 years, have you been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain in detail:			
Have you ever applied to Stone Protection Services in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date applied and for which position(s)?			
Are you related to any current employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, their name & their relationship to you?			
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in Newspaper: _____ <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website <input type="checkbox"/> EDD <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other: _____					
EDUCATION					
Name of School	City/State	Did you Graduate?	If No, # Years to graduate	Date of graduation	Degree received
High School/GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trade School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
WORK EXPERIENCE					
Please list your last three (3) employers. Please list current or most recent employer first.					
Dates Employed	Employer Name & Address		Position	Reason for leaving	



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SKILLS

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include foreign language comprehension with both written and oral proficiency levels:

Are you fluent in any other languages: Yes No If Yes, please list which languages:

PERMITS & CERTIFICATIONS

Please list all active permits and certification which you currently hold. Include Guard Card, OC, Baton, Taser, Exposed Firearm, CPR, and anything relevant to the position along with permit or certification number & expiration dates.

Permit/Certification	Serial Number	Expiration Date

Driver's License Number: Active: Issuing State: Expiration: Date of Birth:
 Yes No

EMERGENCY CONTACT INFORMATION

First and Last Name	Phone Number	Relationship
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AVAILABILITY

How many hours per week would you like to work? _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	_____	_____	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____	_____	_____

Additional comments:

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing. _____

(Initials)

 SIGNATURE

 DATE