



# APPLICATION FOR EMPLOYMENT

All applicants must complete all questions on this form. If a question does not apply to you, please write in "N/A in that space.

**Do not leave questions unanswered. You must sign the back of this form.**

**This is a factory work environment. The work requires employees to: 1) have access to reliable transportation 2) be on-time every day 3) work required hours and 4) use hearing and eye protection.**

**If you cannot meet this level of requirements, please do not apply for employment.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle \_\_\_\_\_ Initial \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Pay Required: \_\_\_\_\_

Are you legally eligible for employment in the United States? (circle your answer) **YES** or **NO**

Are you employed now? (circle your answer) **YES** or **NO** If Yes, Where \_\_\_\_\_

Have you ever worked at *Virginia Marble* here before? (circle your answer) **YES** or **NO**

If Yes: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Education:	Name/Location of School	Course of Study	Years Completed	Did You Graduate?
Elementary				
High School				
College				
Trade/Business				

Do you have: Valid Driver's License? (circle your answer) **YES** or **NO**

Forklift Experience? (circle your answer) **YES** or **NO**



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### WORK HISTORY

Place of Employment Company Name/City	Date Start MM/YY	Date Left MM/YY	Last Hourly Wage Rate \$	Job Title	Reason for leaving job

Were you referred to Virginia Marble by one of our employees? (circle your answer) **YES** or **NO**

If Yes, what is that employees name? \_\_\_\_\_

**Personal or Professional References:**

List the names of three persons not related to you whom you have known at least one year.

Name:	Address: City/State	Where do they work? Company Name	Years known:

Is there anything else about you that you wish us to consider when we evaluate your application?

\_\_\_\_\_  
\_\_\_\_\_

### **ALL APPLICANTS MUST SIGN AND DATE THIS FORM BELOW**

**By my signature below, I confirm that all of the information I have provided on this form is correct**

Signature of Applicant	Date of Application		
<b>FOR OFFICE USE ONLY</b>			
<b>Application Reviewed by</b>	<b>Location</b>	<b>Date reviewed</b>	<b>Action Taken / Recommendations</b>