

Stone Management, Inc., Application for Employment

<i>Office Use only</i> Start Date: _____ Rate of Pay: _____

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of non-job related handicap or any other legally protected status.

Name: _____ Position Sought: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

Date available to start if hired? _____ Desired Starting Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Are you employed now? [] Yes [] No - If yes, can we inquire of your present employer? [] Yes [] No

Have you ever applied to this company before? [] Yes [] No - If yes, when? _____

Have you ever been employed by this company before? [] Yes [] No - If yes, when? _____

Reason for leaving: _____

Name of last supervisor at this company? _____

Have you ever been convicted of a felony? [] Yes [] No - If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment?

[] Yes [] No - If yes, please describe circumstances: _____

Have you every held a management position? [] Yes [] No - If yes, how many people? _____

If applying for warehouse or driver position, are you able to lift 50lbs? [] Yes [] No

Describe the skills you have to qualify you for the position you are seeking: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

Employment – IF YOU ARE SUPPLYING A RESUMÉ YOU MAY SKIP THIS PAGE

Employment Experience: *Start with your present job or most recent job.* Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Employer 1 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Collages Attended: # Years Year Grad. Degree

Acknowledgement and Authorization

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application Or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

All new employees are required to participate in the companies drug-free workplace policy. Upon acceptance of a position all employees will be required to participate in a drug screening. Please review our policy below.

Drug-Free Workplace Policy

The following policy is required by the Drug-Free Workplace Act and complies with applicable law concerning drug use in the workplace.

1. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthful and safe work environment. Stone Management and Stone Transport (Stone) are committed to protecting the safety, health and well being of its employees and patrons and recognizes that the abuse of alcohol and other drugs compromises this dedication.
2. The unlawful manufacture, distribution, possession or use of a controlled substance on the Company’s premises or while conducting the Company's business off its premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.
3. Employees must report any conviction under a criminal drug statute for violations occurring on or off the Company's premises while conducting company business.
4. All employees are subject to a baseline test upon hiring and random screening; organized and maintained by a third party health and safety organization. Participation in drug screening is mandatory and a requirement of employment. In accordance with government regulations, any employee classified as a Driver who fails to pass a drug test will be immediately terminated. If a non – Driver employee fails to pass a drug test or verbally admits to the use of a controlled substance, it is considered a violation in the company’s drug free workplace policy and will be subject to Stone’s Discipline policy.

I have read, understand and agree to the Company's Drug-Free Workplace

Print Name

Sign Name

Date