

Cedar Mountain Stone Corporation
PO Box 12
Mitchells, VA 22729
(540) 829-7203

APPLICATION FOR EMPLOYMENT

Note: Please print your answers and write neatly. An illegible application may exclude you from consideration.

It is the policy of this company to provide equal employment opportunity employment to qualified applicants without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job disability, or any other protected group status. The Company to which you are applying for employment strives to maintain a drug and alcohol free workplace. We reserve the right to administer our substance abuse policy and to test candidates prior to hiring them for prohibited drugs and/or alcohol.

POSITION APPLYING FOR: _____ Date _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Telephone Number: (_____) _____ Date available to begin work? _____

Current Address: _____ How long at this address? _____

Street and Apt # _____ City _____ State _____ Zip Code _____

Previous Address: _____ How long at this address? _____

Street and Apt # _____ City _____ State _____ Zip Code _____

Do you have a valid driver's license? Yes No State _____ Class _____

I am an U. S. Citizen or otherwise authorized to work in the United States on an unrestricted basis: Yes No

How did you learn of our organization? _____

Have you ever applied for employment with us? Yes No If yes, month and year _____ Position: _____

State names of relatives and friends working for us. _____

Have you been convicted of a crime in the past ten years, which has not been annulled, expunged or sealed by a court? Yes No

If you answered yes explain in full: _____

EDUCATION

Name and Location of School	Course of Study	No. of Yrs. Completed	Did You Graduate?	Degree/Diploma
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High School _____

College/University _____

Technical/Vocational _____

MILITARY

Branch of Service _____ Active Duty From _____ To _____

Date of Discharge _____ Rank at Discharge _____

Describe your duties and any special training _____

EMPLOYMENT

Please attach resume or give accurate and complete full time and part time employment record. Start with present or most recent employer.

Employer: _____ Telephone (_____) _____
Address _____ Position _____
Dates of Employment _____ to _____ Name of Supervisor _____
Rate of Pay: Start _____ End _____ Reason for leaving _____
Job title and description of duties _____

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Job title and description of duties _____

Have you ever been discharged or reprimanded for violating a safety policy? Yes No
If you answered yes explain in full: _____
Please describe any special training or skills (languages, machine operations, etc.): _____

REFERENCES

Name	Phone Number
_____	(_____) _____
_____	(_____) _____
_____	(_____) _____

I certify that any answers and statements on this application are true and complete to the best of my knowledge. If employed I understand that any false statements or omission of facts on this application will be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior education and employment history. Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate employment for any reason not prohibited by state or federal law.

DATE SIGNATURE