



Shelby Crushed Stone, Inc.

Eagle Harbor Sand & Gravel, Inc.
Shelby Stone Trucking, Inc.

10830 Blair Road
Medina, New York 14103
585.798.4501
fax 585.798.1451

Application for Employment

Date: _____

Name _____ Telephone () _____

Other Names Used _____

Address _____ How long at this address? _____

Social Security No. _____ Are you a U.S. Citizen? _____

Friends employed by Company _____ Relatives Employed by Company _____

Number of workdays lost due to Illness or Industrial injuries in the last two years _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?
Yes No Explain _____

If Yes, what can be done to accommodate your limitations? _____

Motor Vehicle Operators License: Yes No License No. _____

_____ State _____ Type _____ Exp. Date _____ Restrictions _____

Have you ever been convicted of a felony? Yes No Explain _____

Position Desired _____ Starting Date _____ Salary Desired \$ _____

Shift _____ Full Time Part Time

Person to Notify in Emergency _____ Name _____ Address _____ Phone _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

MILITARY SERVICE

Branch of Service: _____ Rank: _____ Dates: _____

Military Training or Experience: _____

PERSONAL REFERENCES
PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

Name	Address	Occupation	Phone

EMPLOYMENT

Employed by	Supervisor's Name	Rate of Pay
Address	Position	Dates:
Reason for Leaving:		

Employed by	Supervisor's Name	Rate of Pay
Address	Position	Dates:
Reason for Leaving:		

Employed by	Supervisor's Name	Rate of Pay
Address	Position	Dates:
Reason for Leaving:		

PRE-EMPLOYMENT STATEMENT

I VOLUNTARILY GIVE SHELBY CRUSHED STONE, INC, EAGLE HARBOR SAND & GRAVEL, INC. & SHELBY STONE TRUCKING, INC. THE RIGHT TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES. I AGREE TO COOPERATE IN SUCH INVESTIGATION AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS AND COMPANIES SUPPLYING SUCH INFORMATION. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE. I REALISE THAT ANY MISREPRESENTATION OF THE FACTS ON MY PART WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Sign _____