

RETURN TO:
SOUTHERN STONE
1100 E. EXPRESSWAY 83
DONNA, TX 78537



SOUTHERNNATURALSTONE.COM
SOUTHERNSTONE@SBCGLOBAL.NET
O.956.464.5979
F.866.520.7609

POSITION FOR WHICH YOU ARE APPLYING:

NAME

LAST	FIRST	MIDDLE INITIAL
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ADDRESS

NUMBER	STREET	APARTMENT NUMBER
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CITY	STATE	ZIP CODE
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TELEPHONE

() HOME	() WORK	() CELL
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SOCIAL SECURITY NUMBER

DO YOU HAVE A VALID DRIVER'S LICENSE?

<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	IF YES, STATE OF ISSUE	LICENSE NUMBER	CLASS	EXPIRATION DATE	

HAVE YOU BEEN CONVICTED OF A FELONY?

<input type="checkbox"/>	<input type="checkbox"/>	
YES	NO	IF YES, EXPLAIN. DISCLOSURE WILL NOT NECESSARILY RESULT IN DISQUALIFICATION

EDUCATION AND TRAINING

NAME AND LOCATION OF HIGH SCHOOL	HIGH SCHOOL GRADUATE	HIGHEST GRADE COMPLETED							
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	HIGH SCHOOL	COLLEGE			GRADUATE			
		1	2	3	4	1	2	3	4
NAME AND ADDRESS OF COLLEGE, UNIVERSITY, TRADE, VOCATIONAL SCHOOL OR INSTITUTE	MAJOR	DATES			DEGREE/CERTIFICATE				

PROFESSIONAL LICENSES, CERTIFICATES OR OTHER CREDENTIALS RELATED TO THIS POSITION

DESCRIPTION	NUMBER	ISSUED BY WHOM	EXPIRATION DATE

LIST BELOW OTHER RELATED TRAINING AND SKILLS (FORKLIFT OPERATOR, OFFICE SKILLS, MECHANICAL, ETC.)

ADDITIONAL INFORMATION YOU WOULD LIKE SOUTHERN STONE TO CONSIDER

PROFESSIONAL REFERENCES (SOMEONE YOU'VE WORKED WITH IN THE PAST OR KNOWS YOUR WORK ETHIC, NO RELATIVES)

EMPLOYMENT HISTORY

DATE EMPLOYED FROM: TO:		EMPLOYER NAME
WEEKLY HOURS	HOURLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

DATE EMPLOYED FROM: TO:		EMPLOYER NAME
WEEKLY HOURS	HOURLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

DATE EMPLOYED FROM: TO:		EMPLOYER NAME
WEEKLY HOURS	HOURLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

DATE EMPLOYED FROM: TO:		EMPLOYER NAME
WEEKLY HOURS	HOURLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

MAY WE CONTACT YOUR PRESENT AND PAST EMPLOYERS? YES NO LATER
 THIS POSITION MAY REQUIRE FOR YOU TO LIFT OVER 50LBS, ARE YOU CAPABLE? yes no
 WERE YOU EMPLOYED UNDER ANOTHER NAME? IF YES, GIVE NAME _____

CERTIFICATION OF APPLICANT (READ THIS STATEMENT CAREFULLY BEFORE SIGNING):

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION, INCLUDING THOSE REGARDING MY TRAINING AND EXPERIENCE, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT HEREIN MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT BY SOUTHERN STONE. I ALSO GIVE SOUTHERN STONE RIGHT TO OBTAIN PUBLIC INFORMATION/RECORDS, CRIMINAL RECORDS AND VERIFY EMPLOYMENT.

DATE

SIGNATURE OF APPLICANT



In connection with my application for employment, I, _____ authorize Southern Stone, LLC, to solicit information about my background including, but not limited to, information as to my employment, education, military service, driving record, criminal record and/or public records history. I authorize all persons who may have information relevant to this investigation to disclose said information. I understand that this is part of the procedure for processing my employment application.

Full Name : _____

Current Address : _____

Social Security Number : _____

Drivers License Number and State : _____

Race : _____ Date of Birth : _____

Applicants Signature

Date