



Office Information  
623 W Vermijo Ave  
Colorado Springs, CO 80905

Office: (719) 473-2500  
Fax: (719) 473-3420  
Website: TopsInStone.net

Today's Date: \_\_\_\_\_

### Application for Employment

Our policy is to provide equal employment to all persons without regard to race, creed, color, religious belief, gender, age, national origin, ancestry, physical or mental handicap or veteran status.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position applied for: \_\_\_\_\_  
How did you hear of this opening? \_\_\_\_\_  
When can you start? \_\_\_\_\_ Desired wage: \_\_\_\_\_ (per hour)  
Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? \_\_\_\_ Yes \_\_\_\_ No  
Are you looking for full time employment? \_\_\_\_ Yes \_\_\_\_ No  
If not, what days/hours are you available? \_\_M\_\_T\_\_W\_\_Th\_\_F\_\_S\_\_Su \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Are you willing to work swing shift? \_\_\_\_ Yes \_\_\_\_ No Night shift? \_\_\_\_ Yes \_\_\_\_ No  
Are you willing to work weekends? \_\_\_\_ Yes \_\_\_\_ No

Do you have a physical or mental condition which would limit your capacity for the job applied for?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please describe the condition and explain the work limitations.

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

Emergency Contact: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe conditions. \_\_\_\_\_

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

| Education:      | School Name and Location | Year  | Major | Degree |
|-----------------|--------------------------|-------|-------|--------|
| High School:    | _____                    | _____ | _____ | _____  |
| College:        | _____                    | _____ | _____ | _____  |
| College:        | _____                    | _____ | _____ | _____  |
| Trade School:   | _____                    | _____ | _____ | _____  |
| Other Training: | _____                    | _____ | _____ | _____  |

In addition to your work history, are there other skills, qualifications or experience that we should consider?

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

Do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

## Employment History

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Please attach your resume and any additional information you would like us to consider.

*I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.*

*I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, employees are required to submit a two week written notice when terminating employment. Not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of this company, other than the president or vice-president has the authority to alter the foregoing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE**

Remarks:

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Hire Date: \_\_\_\_\_ Report Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_