

## **Employment Application**

318 Hwy 35/64 – Houlton, WI – 54082

P: 715-247-3856 | F: 715-247-4798

Complete all sections accurately. Rivard Stone is an equal opportunity employer. We require pre-employment drug testing, physical and back screen. Employment is conditional upon results. Please sign the last page of this application indicating your acceptance of our policy.

Today's date:				
Full Name (First, middle, last):				
Address:				
Phone:				
How long have you lived at the above address	ess?			
Are you lawfully permitted to work in the L	United States?			
Are you over 18 years of age? Yes	No			
Have you ever applied for a position at Riva	ard Stone Inc.? Yes No	If yes, when?		
Position applying for:				
Date available for work: Hours available/week to work:				
Please list your weekly availability				
	From	То		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Education  Do you have a high school diploma or GED? Yes No				

Name of last sc	hool attended:	·
City:	State:	_ Last Month/Year attended:
Circle last year	of school completed:	10 11 12 13 14 15 16 17 18 19 20
Circle the highe	est degree earned:	High School Diploma GED Certificate AA BD MD PhD Other
Area of concen	tration and/or degree(	s), certificates, licenses, endorsements:
Do you have a	current license or regis	tration in any trade or profession? If yes, please list:
Do you have co	mputer experience? Y	'es No Please list any software you are familiar with:
Other training of	or skills (Factory or offi	ce machines operation, special courses, computer skills, etc.):
Employment H	istory — please list starting v	vith current or most recent employment.
If there are any the back side of		or additional positions that you wish to list, please include them on
Business name:	·	Job Title:
Address:		
Phone number:	·	Supervisor:
Start date:		End date: Rate of pay:
Detail job dutie	S:	
Reason for leav	ring:	
		No
		Job Title:
Address:		
		Supervisor:

Start date:	End date: _		Rate of pay:
Detail job duties:			
Reason for leaving:			
	s employer? Yes No		
Business name:			2:
Address:			
Start date:	End date: _		Rate of pay:
Detail job duties:			
Reason for leaving:			
	s employer? Yes No		
References: please Name	list three professional references	phone	Years known
Name	Email	phone	Years known
Name	Email	phone	Years known
• •	additional information about you osition:		, ,
that I have withheld	ements on this application are tr d nothing that would, if disclosed have read and understand the a	, affect this appli	e to the best of my knowledge and cation unfavorably. I hereby
Sigi	nature of Applicant		 Date

To Whom	It M	lay C	oncern:
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I have applied for employment with Rivard Stone. As part of the application process, Rivard Stone requests verification of information contained in my application before and/or after employment with them. I authorize you to provide my employment history to Rivard Stone. This authorization is intended to include but not limit to: verbal comments or opinions including reason for my termination, complete copies of any employment records you have, management comments and any other sundry information requisition by Rivard Stone or its office personal.

Applicant	Date
Sincerely,	
A copy of this authorization to any party named in the employm original.	nent application may be accepted as an
requisition by Rivard Stone or its office personal.	