



Stone Ridge Cabinets  
11471 S 2700 W South Jordan, UT 84095  
(801)455-5367, chris@stoneridgecabinets.com

## EMPLOYMENT APPLICATION

<i>Please Print Clearly</i>			Date:	
Last Name:		First Name:	MI:	
Address:				
City/State/Zip:				
Cell Phone:		Email:		

**Position Applied For:** \_\_\_\_\_

Are you applying for: (check all that apply)

- Full-Time Work       Part-Time Work       Temporary/Seasonal

Salary or Hourly Rate Desired: \_\_\_\_\_

**Date you can Begin Work:** \_\_\_\_\_

**Days/Hours you will be available to work:** \_\_\_\_\_

Have you ever been employed by us before?

- Yes     No

If Yes, Date: \_\_\_\_\_

Are you currently employed?

- Yes     No

Are you 18 Years or Older?

- Yes     No

(If under 18, hire is subject to verification of minimum legal age.)

If hired, are you willing to submit to a controlled substance test?

- Yes     No

Have you been convicted of a felony within the last seven (7) years?

- Yes     No

*(Conviction will not necessarily disqualify an applicant from employment)*

If yes, please briefly explain: \_\_\_\_\_

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

(Please fill out each section OR attach a resume containing the same information)

**EDUCATION**

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School Name	# of years completed	Graduation Date (or expected date)	Diploma/Degree
High School:			
College:			
Technical/Other:			

Do you have any other certificates, experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?  Yes  No

If yes, please explain: \_\_\_\_\_

**WORK EXPERIENCE** - List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Company Name, Address, and Phone Number	From		To		Description of work you performed	Starting Wage	Ending Wage	Reason for Leaving
	MO	YR	MO	YR				

**REFERENCES**

Name:	Company:	Title/Relationship:
Address:		Phone:
City/ State/ Zip:		
Name:	Company:	Title/Relationship:
Address:		Phone:
City/ State/ Zip:		
Name:	Company:	Title/Relationship:
Address:		Phone:
City/ State/ Zip:		

APPLICANT’S STATEMENT AND CONDITIONS OF EMPLOYMENT

**\*Please Read and Initial Each Paragraph, then Sign Below\***

\_\_\_\_\_ “I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me in this employment application are true, correct and complete to the best of my knowledge and ability. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application.

\_\_\_\_\_ “In the event of employment, I will comply with all company rules and regulations as established, including the company's substance abuse policy.

\_\_\_\_\_ “I hereby understand and acknowledge that any employment relationship with this Company is of an “At-Will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause.

\_\_\_\_\_ “I permit the Company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.”

\_\_\_\_\_ “During my employment with Stone Ridge Cabinets, and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Stone Ridge Cabinets in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Stone Ridge Cabinets or unless a representative or attorney of Stone Ridge Cabinets is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.”

***This application is valid for 6 months from the application date unless renewed in person or in writing.***

**Applicant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

