Please fill out the form, save, and email to support@stoneridgepw.com

## **Application for Employment**

| POSITIONS(S) APPLIED FOR _  |        |  |  |                            |   |   | DATE OF   | APPLICATION/_                                   | /                               |
|---|--------|--|--|----------------------------|---|---|---|---|---------------------------------|
| FULL-TIME   | P      | ART-7  | ГІМЕ   |                            |   |   |   |   |                                 |
| ARE YOU WILLING TO WORK? DAYS   |        |  | EVENINGS   |                            |   | WEEKENDS  |   |   |                                 |
| EXPLAIN ANY NO'S  |        | NO   |  | YES                        | NO  | YES   | NO  |   |                                 |
| NAME  |        |  |  |                            |   |   |   |   |                                 |
| ADDRESS   |        |  |  |                            |   | FIRST   |   | MIDI  | DLE                             |
| STREE   | т      |  |  |                            |   | CITY  |   | STATE   | ZIP CODE                        |
| TELEPHONE NUMBER (  | )      | )  |  |                            |   |   |   |   |                                 |
| May we contact you at work  |        | S <b>П</b> N   | IO <b>∏</b> If   | ves.                       | work                                      | number and best ti  | me to call (  | ) -   |                                 |
|   |        |  |  |                            |   |   | AREA CO   | DDE   | TIME                            |
| Would you be known to any   | -      | -  |  |                            |   |   |   | YES   | □ NO □                          |
| If yes, indicate what name  |        |  |  |                            |   | 70. Territ & Territ   | 160   | 45  |                                 |
| Are you 16 or over?   |        |  |  |                            |   |   |   |   | 1/1/20                          |
| If you are under 18, please lis   | st pa  | rents  | name and   | d addı                     | ress _                                    | 0 11 7  | S-9781/4  | <del>(41 (4.8))</del>                           | 1444                            |
| Have you ever been employe  | d by   | Stone  | eRidge Ma  | arkets                     | s, if ye                                  | es, give dates and po   | osition   | YES   | □ NO□                           |
| FROM/T  | 0_     |  |  | P(                         | OSITIO                                    | ON  | X   | 4   | 7/                              |
| The following question asks about of year) please list here. Failure to ind Have you ever been convicted of prosecution, pretrial intervention of "yes", give all details | (or to | ermina<br>, explai<br>ctions fo<br>this info<br>crime (<br>or othe | ated) by a finor crimes or crimes or mation mation are resimilar a | servic<br>ay cau<br>any gu | r empl<br>ce of pr<br>se futu<br>uilty, n | obation resulting from our termination or not all o contest or similar parts. | criminal charges. If yo<br>llow us to consider yo<br><b>bleas) or served pr</b><br>NO | ou have ever been convict<br>ou for employment. | ed (no matter the               |
| Education Background  |        |  |  |                            |   |   |   |   |                                 |
| HIGH SCHOOL   |        |  |  |                            |   | GRADUATED  YES NO   | IF YES, WHAT<br>YEAR?   | ENROLLED  | F YES, CURRENT<br>GRADE OR YEAR |
| EXTRA-CURRICULAR ACTIVITIES YOU CU  | IRRENI | TIYDAD   | TICIPATE IN C  | )R INTE                    | ND TO I                                   |   |   | YES NO  |                                 |
| EXTRA-CONNICOLAN ACTIVITIES TOO CO  | INLIN  | ILITAN   | TICIFATE IN C  | JK IIVI L                  | IND TO F                                  | -AKTICIFATE IN  |   |   |                                 |
| COLLEGE   |        |  |  |                            |   | YEARS A   | ATTENDED  | GRADUATE?                                       | MAJOR                           |
| OTHER   |        |  |  |                            |   |   |   |   |                                 |
|   |        |  |  |                            |   |   |   |   |                                 |

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## **Employment History**

| List your last three (3) employers, if applicable, assignments or volunteer activities, starting with the most recent, including militar |
|--|
| experience. Explain any gaps in employment in comments section below.  |

| EMPLOYER   |                          | TELEPHON               | NE                | DATES EMPLOYED       |            |                        | Summarize the nature of the work       |                   |
|--|--------------------------|------------------------|-------------------|----------------------|------------|------------------------|--|-------------------|
|  | (                        | )                      | -                 | FRC                  | М          | то                     | performed and job                      | responsibilities  |
| ADDRESS  | CITY                     | STATE                  | ZIP CODE          |                      |            |                        |  |                   |
| JOB TITLE  |                          |                        |                   |                      | LY RATE/SA | ALARY STARTING         |  |                   |
| INANAEDIATE CUDEDVICOD ANI                                       | D TITLE                  |                        |                   | \$                   |            | PER                    |  |                   |
| IMMEDIATE SUPERVISOR AN  | DITTLE                   |                        |                   |                      |            |                        |  |                   |
| REASON FOR LEAVING   |                          |                        |                   |                      | JRLY RATE  | /SALARY FINAL          |  |                   |
| MAY WE CONTACT FO  | OD DECEDENCES            | ☐ YES                  | □ NO              | \$                   |            | PER                    |  |                   |
|  | OR REFERENCE!            |                        |                   | _                    |            |                        |  |                   |
| EMPLOYER   | (                        | TELEPHON<br>)          | NE<br>-           | FRC                  |            | <u>MPLOYED</u><br>то   | Summarize the nat<br>performed and job |                   |
| ADDRESS  | CITY                     | STATE                  | ZIP CODE          | Tito                 |            |                        | performed and job                      | responsionities   |
|  |                          |                        |                   |                      |            |                        |  |                   |
| JOB TITLE  |                          |                        |                   | HOUR<br>\$           | LY RATE/SA | ALARY STARTING PER     |  |                   |
| IMMEDIATE SUPERVISOR AN  | D TITI F                 |                        |                   | Ş                    |            | PEN                    |  |                   |
| TIVINIEDINALE SOLETAISONALE                                      | J 11122                  |                        |                   |                      |            |                        |  |                   |
| REASON FOR LEAVING   |                          |                        |                   |                      | JRLY RATE  | /SALARY FINAL          |  |                   |
| MAY WE CONTACT FO  | OD DECEDENCES            | ☐ YES                  | □ NO              | \$                   |            | PER                    |  |                   |
| WAY WE CONTACT FO  | OR REFERENCE!            | L YES                  | ■ NO              |                      |            |                        |  |                   |
| EMPLOYER   | EMPLOYER TELEPHONE       |                        |                   | DATES EMPLOYED       |            |                        | Summarize the nature of the work       |                   |
| ADDRESS  | CITY                     | STATE                  | ZIP CODE          | FRC                  | М          | ТО                     | performed and job                      | responsibilities  |
| ADDRESS  | CITT                     | SIAIL                  | ZIF CODE          |                      |            |                        |  |                   |
| JOB TITLE  |                          |                        |                   |                      | LY RATE/SA | ALARY STARTING         |  |                   |
| IMMEDIATE SUPERVISOR AN  | D TITLE                  |                        |                   | \$                   |            | PER                    |  |                   |
| IIVIIVIEDIATE SUPERVISOR AN                                      | DITTLE                   |                        |                   |                      |            |                        |  |                   |
| REASON FOR LEAVING   |                          |                        |                   |                      | JRLY RATE  | /SALARY FINAL          |  |                   |
| MAY WE CONTACT FO  | OD DEEEDENICES           | ☐ YES                  | □ NO              | \$                   |            | PER                    |  |                   |
| WAT WE CONTACT IT  | OK KEI EKENCE:           | 11.5                   | <b>1</b> NO       |                      |            |                        |  |                   |
| Comments (including  | explanation of a         | ny gaps in e           | employment) _     |                      |            |                        |  |                   |
|  |                          |                        |                   |                      |            |                        |  |                   |
|  |                          |                        |                   |                      |            |                        |  |                   |
|  |                          |                        |                   |                      |            |                        |  |                   |
|  |                          |                        |                   |                      |            |                        |  |                   |
| List any additional inf  | formation you wo         | ould like us           | to consider. $\_$ |                      |            |                        |  |                   |
|  |                          |                        |                   |                      |            |                        |  |                   |
|  |                          |                        |                   |                      |            |                        |  |                   |
| References   |                          |                        |                   |                      |            |                        |  |                   |
| List name and telephone  | number of <b>TWO ADU</b> | I <b>LT</b> business/v | vork references v | vho are <u>not</u> r | elated to  | you. If not applicable | e, list three school or pe             | rsonal references |
| who are <u>not</u> related to yo                                 | u.                       |                        |                   |                      |            |                        |  | 1                 |
| NAME   |                          |                        |                   | TELEPHONE            |            |                        | RELATIONSHIP                           | YEARS KNOWN       |
|  |                          |                        | 1                 | ١                    |            |                        |  |                   |
|  |                          |                        |                   | ,                    |            | _                      |  |                   |
|  |                          |                        | (                 | )                    |            | _                      |  |                   |
|  |                          |                        | ,                 | \                    |            |                        |  |                   |
|  |                          |                        | (                 | )                    |            |                        |  |                   |
|  |                          |                        |                   |                      |            |                        | ication and/or separation fro          |                   |
| employer if I have been emplor<br>cause and without prior notice |                          |                        |                   |                      |            |                        |  |                   |
| references and to secure addit                                   |                          |                        |                   |                      |            |                        |  |                   |

SIGNATURE OF APPLICANT [Typed Name] \_\_\_\_\_\_ DATE \_\_\_\_\_\_\_ DATE \_\_\_\_\_\_

corporations and organizations for furnishing such information. This company is an equal opportunity employer. No questions on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. This application is current for one (1) year. At this conclusion of this time, if I have not heard

from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.