

CROWSON STONE

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## EMPLOYMENT APPLICATION

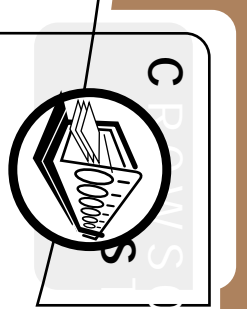
Thank you for considering Crowson Stone Printing.

Please fill out the attached application and mail to:

Adena Lightfoot  
Crowson Stone Printing  
PO Box 115  
Columbia, SC 29202

803-783-8770

CROWSON STONE



ON

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last                      First                      Middle

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No.                      Street                      City                      State                      Zip

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_ State age if under 18 or over 70. \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 19 \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**List below all present and past employment, beginning with your most recent**

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

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Telephone									

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
Month Day Year Month Day Year

List duties in the service including special training \_\_\_\_\_  
 \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_ If yes, what training did you take? \_\_\_\_\_