

# PRAIRIESTONE, Inc.

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3266 Kimball Ave.

Manhattan, KS 66503



## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**NOTICE: Substance and Alcohol Testing is required of all applicants.**

### PERSONAL INFORMATION:

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Do you hold a valid drivers license in good standing? \_\_\_\_\_

Driver's License  
State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**PLEASE SUBMIT A COPY OF DRIVER'S LICENCE WITH APPLICATION**

We will need a copy of Social Security Card after hire.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

### FOR COMPANY USE PROCESS RECORD

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_ Starting Wage \_\_\_\_\_

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

(If rejected, summary report of reasons should be placed in file)

Signature of Interviewing Officer \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_

**POSITION / AVAILABILITY:**

Position Desired \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**FOR PART-TIME APPLICANTS:**

Days & Hours Available:

Monday	_____	Hours Available	_____
Tuesday	_____	Hours Available	_____
Wednesday	_____	Hours Available	_____
Thursday	_____	Hours Available	_____
Friday	_____	Hours Available	_____

How did you hear about us? \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_

Do any of your friends or relatives work here? \_\_\_\_\_

If so, their Name(s): \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration?  
Status? \_\_\_\_\_ Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, for what? \_\_\_\_\_  
(A conviction is not an automatic bar from employment.)

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_

**EDUCATION:**

School:	Dates Attended:	Graduated yes/no
_____	_____	_____
_____	_____	_____

**EMPLOYMENT HISTORY:**

**Present or Last Position:**

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Responsibilities** \_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**May we contact them?** \_\_\_\_\_

2. **Employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Position Title** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Responsibilities** \_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**May we contact them?** \_\_\_\_\_

3. **Employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Position Title** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Responsibilities** \_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**May we contact them?** \_\_\_\_\_

**TRAINING & EXPERIENCE:**

**Describe any specialized training, apprenticeship, skills, job-related licenses, etc.**

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

**List any machinery you have operated.**

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

**List honors, awards, special accomplishments, professional, trade, business or civic activities and offices held.**

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

**REFERENCES: (DO NOT INCLUDE FAMILY MEMBERS)**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to PrairieStone, Inc. for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 1103-322, Title XXX, Section 300002(a))

**Signature of Company Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
**Signature**

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

***I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.***

\_\_\_\_\_  
**Signature**

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