



St. Cloud Showroom
 25325 St. Hwy 23
 St. Cloud, MN 56301
 Tel 320-259-7625
 Fax 320-259-0251

Edina Showroom
 7329 Washington Ave S.
 Edina, MN 55439
 Tel 952-942-7100
 Fax 952-942-7801

Backus Showroom
 715 St. Hwy 371
 Backus, MN 56435
 Tel 218-947-3522
 Fax 218-947-3278

www.capitalgranite.com

NAME _____ DATE _____
 Last First MI

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____
 Cell Phone Home Phone Email Address

POSITION _____ SALARY INFO _____

AVAILABILITY _____

CURRENT EMPLOYMENT _____ Currently Unemployed
 May we contact your current employer? Yes No Are you legally authorized to work within the U.S.? Yes No
 Have you applied to this company before? Yes No If yes, when _____
 Referred By _____ Do you have relatives working at Capital Granite? Yes No

GENERAL INFORMATION: Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No
 Do you have valid MN drivers license? Yes No
 If required, will you work? Rotating Shifts Yes No Saturdays Yes No
 Overtime Yes No

EDUCATION & TRAINING:
 High School _____ Circle last grade completed: 9 / 10 / 11 / 12
 College or Technical School _____ Year Completed _____

RELEVANT EXPERIENCE _____

Employer Notes: _____

SPECIAL SKILLS _____

Employer Notes: _____

SPECIAL TRAINING _____

Employer Notes: _____

FORMER EMPLOYMENT (List most current first)

Month / Year _____ Name & Address of Company _____ Salary _____
FROM _____
TO _____ Position _____
REASON FOR LEAVING _____
May we contact this employer? Yes No

FROM _____
TO _____ Position _____
REASON FOR LEAVING _____
May we contact this employer? Yes No

FROM _____
TO _____ Position _____
REASON FOR LEAVING _____
May we contact this employer? Yes No

REFERENCES

NAME	Address & Phone	Business / Relationship	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any falsified statements or omission of information on this application may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you."

Signature _____ Date _____

FOR OFFICE USE ONLY INTERVIEWED BY _____ Date _____

Remarks _____

Hire Date _____ Position _____ Wage / Salary _____

Report to _____