

THE QUARRY AT LA	AQUINTA						
Name:			Middle Initial:		Last:		
Email:			Cell:				
Street Address:					City/State		Zip:
Position Applying For: _					O Full Time	O Part Time	○ Temporary
Are you available for we	ork on: O W	/eekends	<ul><li>Evenings</li></ul>	O H	olidays C	) Overtime	
If hired, what date can	you start work? _						
PERSONAL INFORM	MATION						
Have you ever applied	to or worked for 7	Γhe Quarry be	fore? O Yes		O No	If so, when?	
Do you have friends of	relatives working	at the Quarry	? O Yes	O No	0		
If yes, state name(s)?_							
Note: We may refuse	to hire relatives	of present en	nployees if doi	ng so	could result	in actual poten	tial problems in
supervision, security,	safety, or mora	le, or if going	so could creat	te conf	licts of inter	est.	
If hired, would you have	e a reliable mean	s of transporta	ations to and fro	m work	? OYes	○ No	
Are you at least 18 yea	rs old? (If under	18, hire is subj	ect to verification	n that	you are of mi	nimum legal age	.) OYes O No
Are you able to perform	n the essential fu	nctions of the	job for which yo	u are a	pplying, eithe	er with or without	reasonable
accommodation.							
○ Yes ○ No	0						
If no, describe the func	tion(s) that canno	t be performe	d:				
Note: We comply with	the ADA and co	onsider reaso	nable accomm	odatio	n measures	that may be ne	cessary for eligible
applicants/employees	s to perform ess	ential functio	ns. Hire may b	e subje	ect to passin	g a medical exa	amination and skill and to
EDUCATION, TRAIN	IING & EXPERIE	NCE					
HIGH SCHOOL							
Name:							
							Zip:
Did you graduate?	○ Yes	○ No	De	gree: _			
COLLEGE / UNIVERS	ITY						
Name:							
Number & Street:							Zip:
Did you graduate?	O Yes	O No	De	gree: _			
OTHER VOCATIONAL	_/BUSINESS						
Name:							
Number & Street:					City/State:		Zip:
Did you graduate?	O Yes	O No	De	gree: _			

EDUCATION, TRAINING EXPERIENCE CO	ONT.			
Summarize any special training skills, licenses	and/or certificates	s that may assis	st you in performing the po	sition for which you ar
applying:				
COMPUTER SKILLS				
	and voors of av	norionoo		
Check appropriate boxes. Include software title	•		lah aati	V
Word Processing:				
Power Point:		<del></del>		Years:
Other:	_ Years:	_		
REFERENCES				
List below three persons, NOT RELATED TO				-
Name:	_ Occupation:			# of Years:
How are you acquainted?			Phone:	
Name:	_ Occupation:			# of Years:
How are you acquainted?			Phone:	
Name:	_ Occupation:			# of Years:
How are you acquainted?			Phone:	
EMPLOYMENT HISTORY				
List below all present and past employment sta	arting with your Mo	OST RECENT 6	employer. Account for all pe	eriods of unemployme
YOU MUST COMPLETE THIS SECTION ever	n if attaching a res	ume.		
Name of Employer:			Phone:	
Supervisor's Name:			_ Dates of Employment:	to
Number & Street:	Cit	y/State:		Zip:
Your position and duties?				
Reason for Leaving:				
What did you like most about the position?				
May we contact this employer for a reference?				○ No
Name of Employer:			Phone:	
Supervisor's Name:			Dates of Employmen	t: to
Number & Street:	(	City/State:		Zip:
Your position and duties?				
Reason for Leaving:				
What did you like most about the position?				
May we contact this employer for a reference?			○Yes	

EDUCATION, TRAINING EXPERIENCE CONT.			
Name of Employer:		Phone:	
Supervisor's Name:		Dates of Employment:	to
Number & Street:	City/State:		Zip:
Your position and duties?			
Reason for Leaving:			
What did you like most about the position?			
May we contact this employer for a reference?			○ No
Name of Employer:		Phone:	
Supervisor's Name:			to
Number & Street:	City/State:		Zip:
Your position and duties?			
Reason for Leaving:			
What did you like most about the position?			
May we contact this employer for a reference?			○ No
PLEASE CAREFULLY, INITIAL EACH PARAGRAPH	AND SIGN AND DATE BI	ELOW.	
I hereby certify that I have not knowingly with	held any information that	might adversely affect my cha	ances for employment
and that the answers given by me are true and correct	ct to the best of my knowle	edge. I further certify that I, the	e undersigned appli-
cant, have personally completed this application. I un	derstand that any omission	on or misstatement of material	fact on this applica-
tion or on any document used to secure employment	shall be grounds for reject	tion of this application or for i	mmediate discharge if
am employed, regardless of the time elapsed before	discovery.		
I hereby authorize The Quarry at La Quinta to	,		
related to my suitability for employment and, further, a			•
any and all letters, reports and other information relat	•		
and associations from any and all claims, demands o	i liabilities arising out or o	i ili aliy way related to Such il	ivestigation of disclo-
sure.			
I understand that The Quarry at La Quinta m	ay require applicants for e	employment to take a urinalysi	s for drug and alcohol
screening as part of the selection process, and that a	ny offer of employment wi	ith The Quarry at La Quinta is	contingent upon the
results of these tests being satisfactory. I understand	that if I am employed with	n The Quarry at La Quinta, it n	nay require that I
submit to a drug and/or alcohol screen if am involved	in an on-the-job accident	of if The Quarry at La Quinta	has reasonable
suspicion that I am under the influence of drugs or ale	cohol; and hereby authoriz	ze the release of these drug s	creen results to The

Quarry at La Quinta.

lu	understand that nothing contained in the application, or conveyed during any interview which may be granted or during my
employme	ent, if hired, is intended to create an employment contract between me and The Quarry at La Quinta. In addition, I under-
stand and	agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time,
with or wit	hout prior notice, at the option of either myself or The Quarry at La Quinta, and that no promises or representations
contrary to	the foregoing are binding on The Quarry at La Quinta unless made in writing and signed by me and the The Quarry at La
Quinta de	signated representative.
	compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States applete the required employment eligibility verification document form upon hire.
DATE:	APPLICANT'S SIGNATURE:

## WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Please print the completed application and mail to the address below, or email to katiem@thequarrygc.com.