



DESIGNED CABINETS

APPLICATION FOR EMPLOYMENT

Position Applied For:		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Online Job Posting	<input type="checkbox"/> Drive By	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Friend(name): _____	<input type="checkbox"/> Relative(name): _____	<input type="checkbox"/> Other: _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		Zip Code
Telephone Number(s)		Social Security Number (Voluntary)

Best time to contact you: : AM PM

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your last/recent employer(s)? Yes No

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 Yes No

Date available for work _____ What is your desired salary range? _____

Are you available to work
 Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoons Evenings)
 Seasonal (please indicate dates available __/__/__ - __/__/__)

Are you currently on "lay-off" status and subject to recall? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.		Employer:		Dates Employed		Work Performed:
		Address:		From	To	
		Telephone Number(s):				
		Job Title:		Hourly Rate/Salary		
		Supervisor:		Starting	Final	
		Reason for Leaving:				
2.		Employer:		Dates Employed		Work Performed:
		Address:		From	To	
		Telephone Number(s):				
		Job Title:		Hourly Rate/Salary		
		Supervisor:		Starting	Final	
		Reason for Leaving:				
3.		Employer:		Dates Employed		Work Performed:
		Address:		From	To	
		Telephone Number(s):				
		Job Title:		Hourly Rate/Salary		
		Supervisor:		Starting	Final	
		Reason for Leaving:				
4.		Employer:		Dates Employed		Work Performed:
		Address:		From	To	
		Telephone Number(s):				
		Job Title:		Hourly Rate/Salary		
		Supervisor:		Starting	Final	
		Reason for Leaving:				

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

QUESTIONS

Describe any relevant training, education, or experience you have had in woodworking, cabinet making, finishing, or construction:

What machinery or tools have you used that would help you in custom cabinet building, woodworking, or finishing:

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application:

REFERENCES

1. _____

(Name) (Phone #)

(Address)

2. _____

(Name) (Phone #)

(Address)

3. _____

(Name) (Phone #)

(Address)

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

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 regulations of the employer.

Signature of Applicant

Date:

