

**Note: All individuals offered employment are required to submit to a post-offer drug screen and physical examination / physical lift test.**



# Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
How Did You Learn About Us?			
Advertisement	Company Website	Walk-in	Government Employment Agency
Employee (who?)		Other	Employment Agency
Relative			
Last Name:		First Name:	
		Middle Name:	
Address:			
Number:	Street:	City:	State: Zip Code:
Telephone Number(s):		E-Mail Address:	
Home:	Cell:	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes      No  
(If over 18 leave blank)

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

Are you currently employed? Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes      No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?

Employment Desired:    Full Time    Part Time (Availability?)    Educational Co-op (Availability?)  
(Check One)

Are you available to work night shift? Yes      No

Desired salary or hourly rate? \$

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

Have you been convicted of or pled guilty or no contest to a felony within the last 7 yrs? Yes      No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain

# Education

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	Name and Address of School	Course of Study	Circle Last Year Attended	Diploma Degree
High School			9 10 11 12 Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4 Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade School			1 2 3 4 Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

# 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.

**(PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS)**

<b>1.</b>	Employer:		Dates Employed		Work Performed (Include all positions held)
			From	To	
	Address:				
	Telephone Number(s):	May we contact? Yes No	Hourly Rate/Salary		
			Starting	Final	
Job Title: Supervisor:					
Reason for Leaving (please explain):					
<b>2.</b>	Employer:		Dates Employed		Work Performed (Include all positions held)
			From	To	
	Address:				
	Telephone Number(s):	May we contact? Yes No	Hourly Rate/Salary		
			Starting	Final	
Job Title: Supervisor:					
Reason for Leaving (please explain):					
<b>3.</b>	Employer		Dates Employed		Work Performed (Include all positions held)
			From	To	
	Address				
	Telephone Number(s)	May we contact? Yes No	Hourly Rate/Salary		
			Starting	Final	
Job Title Supervisor					
Reason for Leaving (please explain):					
<b>4.</b>	Employer		Dates Employed		Work Performed (Include all positions held)
			From	To	
	Address				
	Telephone Number(s)	May we contact? Yes No	Hourly Rate/Salary		
			Starting	Final	
Job Title Supervisor					
Reason for Leaving (please explain):					

**If you need additional space, please continue on a separate sheet of paper.**

# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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

## References: **Please list (3) three Business References (No relatives).**

1. Name:	Relationship:	Phone:
Address:		
2. Name:	Relationship:	Phone:
Address:		
3. Name:	Relationship:	Phone:
Address:		

## Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. 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 365 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that if offered a position at Signature Custom Cabinetry, Inc. I will be responsible to submit to a drug screen, physical examination, and physical lift test. I understand if I test positive for the presence of a prohibited substance and / or fail to complete the examination / physical lift test or do not authorize the results to be released to Signature, I will receive no further consideration for employment. Furthermore, I also understand a refusal to submit to such a screening test and / or examination or failure to cooperate fully in the testing / screening process will constitute an immediate and voluntary withdrawal of my application for employment. 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