



APPLICATION FOR EMPLOYMENT

“An Equal Opportunity Employer”

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. This application will be kept on file for 12 months.

PERSONAL			
Last Name	First	Middle Initial	Today's Date
Street Address			Home Phone () -
City, State, Zip			Cell Phone () -
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Month and Year Location			Pay Expected
SHIFT OPTIONS AVAILABLE – Check all shifts and locations you would be willing to work. FULL-TIME EMPLOYMENT <input type="checkbox"/> First Shift: 6:00 A.M.-4:30 P.M. (Mon-Thurs) <input type="checkbox"/> Second Shift: 7:30 P.M.-6:00 A.M. (Mon-Thurs)			
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible for employment in the United States?			When will you be available to begin work?
How did you learn of our organization?			
Have you ever been convicted of a felony, pled guilty to a felony, or been placed on probation for a felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: A conviction will not necessarily disqualify you for employment) If Yes, please provide the following information for each occurrence. Date: Charge(s): Location of Legal Proceeding:			

EDUCATION				
	High School	Vocational School	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Specify Diploma/Degree	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities				
Honor Received:				

Prospective employees will receive consideration without discrimination because of race, religion, marital or veteran status, color, sex, age, national origin, genetic information, status with regard to Public Assistance, or the presence of a non-job related medical condition or handicap.

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment information, including military service & self-employment. Start with present or most recent employer.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
5	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

Explain time gaps in your employment history:

--

May we contact your present employer? Yes No If No, please comment:

PRODUCTION APPLICANTS

Are you a licensed forklift operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have knowledge of the Metric System? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

List any other machines or special skills you may have (CNC / Blue Print Reading/ etc.)

--

ADDITIONAL INFORMATION

Explain your reasons for seeking employment at Woodcraft Industries, Inc.

Summarize your qualifications for the position. List skills and accomplishments from employment or other experience.

PERSONAL REFERENCES

List three people, not relatives, who know you well:

NAME	ADDRESS	AREA CODE & PHONE	RELATIONSHIP-# OF YEARS

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

PLEASE READ CAREFULLY

APPLICANTS CERTIFICATION AND AGREEMENT

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 references I have listed to disclose any information related to my work record and my professional experience with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and other person, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination

Signature of Applicant _____