

# APPLICATION FOR EMPLOYMENT

Personal information

TODAYS DATE \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last first middle

Present address \_\_\_\_\_  
Street city state

Are you 18 years old or older? Yes no

Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Name address phone

---

## Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so can we contact your present employer? \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ When? \_\_\_\_\_

Who referred you to this company? \_\_\_\_\_

---

## EDUCATION

School level Name and location No years attended did you graduate Subject

High school \_\_\_\_\_

College \_\_\_\_\_

Trade school \_\_\_\_\_

---

**Former employers** (list below last 3 employers starting with last one first)

---

Name and address of present or last employer

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Job title \_\_\_\_\_ may we contact supervisor? \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ phone number \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

---

Name and address of previous employer

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Job title \_\_\_\_\_ may we contact supervisor? \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ phone number \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

---

Name and address of previous employer

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Job title \_\_\_\_\_ may we contact supervisor? \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ phone number \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES** give below the names of three persons NOT RELATED to whom you have know at least 1 year

NAME \_\_\_\_\_ address \_\_\_\_\_ business \_\_\_\_\_ years acquainted \_\_\_\_\_

NAME \_\_\_\_\_ address \_\_\_\_\_ business \_\_\_\_\_ years acquainted \_\_\_\_\_

NAME \_\_\_\_\_ address \_\_\_\_\_ business \_\_\_\_\_ years acquainted \_\_\_\_\_

**SPECIAL TRAINING**

Cabinet Making Skills & Equipment Knowledge

Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Weight \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you prevented from lawfully becoming employed in the US yes no

Do you have any physical limitations that precludes you from doing all of the work for which you are being considered? yes no

If yes , what can be done to accommodate your limitations? \_\_\_\_\_

Will you agree to a preemployment physical including drug testing? Yes no

Do you have a valid MN drivers license yes no

License # & Class \_\_\_\_\_

List all driving infractions in last 5 years \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within last 7 years yes no

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and references listed above to give you any 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 this information to you.

Date \_\_\_\_\_ Signature \_\_\_\_\_