



Family Owned & American Made Since 1977

Date: _____

:Employment Application

Your Name: _____
Last first middle

Current Address: _____
Street City, State, Zip

Are you 18 years old or older? Yes _____ No _____

Phone: _____ Email: _____

Social Security Number: _____

Emergency Contact: _____
Name Address City, State, Zip Phone

Employment Desired

Position Applied For: _____ Date Available: _____

Desired Salary: _____ Referred by: _____

Have you ever applied to this company before? _____ If so, when? _____

Education

School level	Name & location	No. years attended	Did you graduate?	Subject/Degree
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High school	_____	_____	_____	_____
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College	_____	_____	_____	_____
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Trade school	_____	_____	_____	_____
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Previous Employment (list last three employers starting with most recent one first)

Company: _____ Phone: _____

Address: _____
Street City, State, Zip

Supervisor: _____ Job Title: _____

Job Title: _____ Starting Wage: _____ Ending Wage: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Job Responsibilities: _____

May we contact your supervisor? _____

Company: _____ Phone: _____

Address: _____
Street City, State, Zip

Supervisor: _____ Job Title: _____

Job Title: _____ Starting Wage: _____ Ending Wage: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Job Responsibilities: _____

May we contact your supervisor? _____

Company: _____ Phone: _____

Address: _____
Street City, State, Zip

Supervisor: _____ Job Title: _____

Job Title: _____ Starting Wage: _____ Ending Wage: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Job Responsibilities: _____

May we contact your supervisor? _____

References

Name: _____ Phone: _____

Title: _____ Company: _____

Training

Special Training: _____

Cabinet Making Skills & Equipment Knowledge: _____

Additional Information

Date of Birth: _____

Height: _____ Feet _____ Inches Weight: _____

Are you prevented from lawfully becoming employed in the US? Yes: _____ No: _____

Do you have any physical limitations that precludes you from doing 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 pre-employment physical including drug testing? Yes: _____ No: _____

Do you have a valid Minnesota driver's license? Yes: _____ No: _____

License Number and Class: _____

List all driving infractions in the last five years: _____

Have you been convicted of a felony or misdemeanor within the last seven 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: _____