



# Application for Employment

(An Equal Opportunity Employer)

| FOR OFFICE USE ONLY     |                           |
|-------------------------|---------------------------|
| Interviewed by _____    | Benefits Effective: _____ |
| Starting Date: _____    | _____                     |
| Starting Rate: \$ _____ | _____                     |

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

In Case of Emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

- If employed and under 18, can you furnish a work permit?  Yes  No
- Have you ever been employed by this company?  Yes  No
- Are you employed now?  Yes  No
- May we contact your present employer?  Yes  No

If yes, give name: \_\_\_\_\_

**In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.**

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required, do you have a valid driver's license in this state?

License # \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying? \_\_\_\_\_

Are you available to work  Full-Time  Part-Time  Over-time  Weekends  Overnight

### Education

|                         | Elementary | Secondary  | College | Graduate |
|-------------------------|------------|------------|---------|----------|
| School Name and Address | _____      | _____      | _____   | _____    |
| Grade Completed         | 4 5 6 7 8  | 9 10 11 12 | 1 2 3 4 | 1 2 3 4  |
| Course of Study         | _____      | _____      | _____   | _____    |

*This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.*

### Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking: \_\_\_\_\_

### References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

| Name  | Occupation/Relationship | Years Known | Telephone |
|-------|-------------------------|-------------|-----------|
| _____ | _____                   | _____       | _____     |
| _____ | _____                   | _____       | _____     |
| _____ | _____                   | _____       | _____     |

### Employment Experience

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **Custom Source Woodworking, Inc.** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

**If hired I will be responsible for familiarizing myself with all rules and regulations of Custom Source Woodworking, Inc. as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Custom Source Woodworking, Inc. or at my option, without notice, at any time and for any reason.**

I also understand that no representative of **Custom Source Woodworking, Inc.** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of **Custom Source Woodworking, Inc..**

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.*

(Retain in the **Custom Source Woodworking, Inc.'s** employment files.)