

JEFFREY ELLIS CARL CABINETMAKERS, INC

725 Culver Rd Rochester NY 14609

Application for Employment

Name: _____ Date: _____

Address: _____

Telephone Number: _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Are you available to work M-F 7:00 a.m. to 3:30 p.m.? _____

Can you work OT and weekends if necessary? _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Woodworking Skills Yes No Can you work with fractions? Yes No

Finishing Skills Yes No Do you understand metric measurements? Yes No

Commercial Driver's License Yes No

Forklift Operators License Yes No

Any CNC Machining Skills? Yes No Explain _____

Other Notes: _____

Are you experienced in using personal computers? Yes No PC Mac

What software programs are you familiar with? _____

Do you have any physical condition which may limit your ability to perform the job applied for?

Work Experience

Please list last 4 previous employers, beginning with the most recent.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
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Description of Duties:			
Employer:		Address:	
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Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			

References

Name: _____ Phone Number: _____
Address: _____
City, State, Zip: _____ Email: _____
Position or Title: _____ Years Known: _____

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Address: _____
City, State, Zip: _____ Email: _____
Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

I also understand and agree that should I be hired, my employment is contingent upon a satisfactory background check, passing a drug test and satisfactory reference checks.

Candidate's Signature

Date