Application for Employment

Woodpro Cabinetry, Inc. www.woodpro.com

Manufacturer of Personalized Bath Cabinetry

Woodpro is an Equal Opportunity Employer: In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Last Name	First Name	Middle Name	9	Application Date
Address	City	State	Zip	
Home Phone Number	Cell	Ema	ail Address	
Are you lawfully eligible to	be employed in the United States?	☐ Yes (Document	ation required if hired) 🗖 No
Are you over the age of 18	8? ☐ Yes ☐ No			
Production/Maintenance Ability to work in a noisy Ability to stand, walk, bee Ability to withstand high a Ability to work 10 hour da Ability to lift up to 50 pour Ability to team lift items of Are you able to perform a (Woodpro is willing to pro On what date are you ave May we contact your of Do you prefer full time Will you work 12 hour	nd, stoop, twist, reach, lift, grip, grasp temperatures in summer (non-air con ays, and some overtime. nds.	and stack individual it ditioned environment). ithout an accommodat luring the hiring proces Are you currently emp	ion?ss)	□ No
	Compa	any Experience		
Have you worked for W	oodpro before? ☐ Yes ☐ No	Dates: From		
List any friends or relative	ves currently employed at Woodpr	o Cabinetry:		
	e of 18, ever been convicted of a feense:			
Duration of time since c Note: Conviction will not necessarily	onviction:			
Have you ever been dis	charged from a job? ☐Yes ☐ N	lo If yes, explain and	l give date	

		Educational Back	<u>(ground</u>			
Type of School	Name & City		Did you Graduate?	Course or Major		
College						
Technical School						
High School						
Other						
	Past I	Employment ***beginnir	ng with most rece	nt***		
Company Name:		Position(s) Held:				
Address:		Began work (date):		Work Ended (date):		
Phone:		Duties:				
Type of Business:		Reason for Leaving:				
Name of Supervisor:		Starting Salary:	E	inding Salary:		
		ı				
Company Name:		Position(s) Held:				
Address:		Began work (date):		Work Ended (date):		
Phone:		Duties:				
Type of Business:		Reason for Leaving:				
Name of Supervisor:		Starting Salary:		Ending Salary:		
Company Name:		Position(s) Held:				
Company Name: Address:				Vork Ended (date):		
Phone:		Duties:		Tork Ended (date).		
Type of Business:		Reason for Leaving:				
Name of Supervisor:		_		Ending Salary:		
				,		
Company Name:		Position(s) Held:				
Address:		Began work (date):		Vork Ended (date):		
Phone:		Duties:				
Type of Business:		Reason for Leaving:				
Name of Supervisor	n 1	Starting Salary:	E	inding Salary:		
		U.S. Military Backs	around			
		Old: Illinially Duon,	<u> </u>			
Service Branch:	Final F	Rank/RateSpecialt	у			
Length of Service:Reason for discharge						
What kind of work	did you do?					
Are you in the rese	erves?	lo				

	Cabinetry Application for Employment Page 3 Work References
	WORK References
Name	Address & Phone Number
ivame	Address & Phone Number
Name	Address & Phone Number
Name	Address & Phone Number
	Special Skills
Please	ist the skills for which you have experience or training relevant to position for which you are applying:
	For Production Position:
	Manufacturing Equipment
	☐Woodworking Equipment
	Other
	For Office Position:
	☐ Word processing: WPM Data Entry 10-Key calculator
	_ , , , ,
	Software Experience
	Other_
	APPLICANT MUST READ AND SIGN
investiga release	nat I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may te my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I imployers and other persons named herein from all liability for any damages on account of furnishing such information. I understand an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to
	and that if offered a job, I will be required and I agree to submit for a drug test. I agree employment may be conditioned on the results ical examination.
	certify that I am a genuine applicant for employment and this applicant is being submitted solely for the purpose of seeking employment loyer and for no other reasons.
	o furnish such additional information and complete such examinations as may be required to complete my employment file.
I also un	derstand that misrepresentation or omission of information or facts may result in my rejection or dismissal.
	agree to abide by all the rules and policies of the employer.
This cert knowled	fies 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 je.
	and employment (if hired) is at-will and this application is not a contract for employment.
I agree t	any background checks required upon a conditional offer of employment.
I agree t	the release of my information and employment records.
Annlica	at Signature Date

