

# Employment Application Form

*Answer all questions completely. Please print. Incomplete applications cannot be considered. Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin, handicap, disability, veteran or other status protected by law.*

			Date
P E R S O N A L	Last Name		First Name
			Middle
	Street Address		Home Telephone
	City, State, Zip		Business Telephone
	How long have you lived at this address?	How long at previous address?	Social Security #
	Have you ever applied with us before? Yes No If yes: Month/Year	Have you ever been employed by us? Yes No If yes: Month/Year	When will you be available to begin work?
	Position Desired: Full-time Part-time Temporary Seasonal		Are you over the age of 18? Yes No
Are you legally eligible for employment in the United States? Yes No			
(Proof of U.S. Citizenship, of Immigration status, or of your eligibility to work will be required prior to starting work.)			

REFERRAL SOURCE	Circle one	Advertisement	Employee	Relative	Other _____
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E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	College					
	Business/Trade Technical					
	High School					

REFERENCES:	Give names and telephone numbers of three references not related to you.	PERSONNEL DEPARTMENT ONLY
		Name: _____
		Date of Interview: _____
		Date of Hire: _____

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with current or most recent employer.

1	Company Name	Telephone
	Address	Employed - (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed - (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

## DO NOT CONTACT

Employer Name(s) and Number(s)	We may contact the employers listed above unless you indicate those you do not want us to contact.
Reason	

## REASON FOR HIRING

What do you know about this company? \_\_\_\_\_

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Why do you want to work for this company? \_\_\_\_\_

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Explain how you would be an asset to this company? \_\_\_\_\_

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## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications you have acquired (languages, machine operation, etc.)

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## NAMES OF RELATIVES AND FRIENDS WORKING FOR US

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### FOR DRIVING POSITIONS

Do you have a current valid driver's license? ☐ Yes ☐ No

State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your driver's license ever been revoked? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Have you ever been cited for DUI or DWI? ☐ Yes ☐ No

Please list all moving traffic violations in the last five (5) years. \_\_\_\_\_

### EMERGENCY INFORMATION

In case of emergency, contact

Relationship

Address

Home Phone

Work Phone

### APPLICANT'S STATEMENT

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

I further understand that if hired, my employment is "at will" and can be terminated at any time, with or without notice, for any reason. I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, any change in the "at will" nature of my employment must be made in writing and signed by a designated authorized representative of Good's Millwork LLC

I hereby authorize investigation of all statements contained in this application as may be necessary to arrive at an employment decision.

I certify that the information I have supplied in this application is true and complete to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

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

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY		
Interviewed By:		Date:
Comments:		
Employed:      Yes      No		Date of Employment:
Job Title:		Department:
Salary:		Review Date:
R E F E R E N C E  C H E C K S	Employer Contacted	Remarks
	Person Contacted	Remarks