

## **Employment Application**

PERSONAL (RESUME MAY BE ATTACHED)					DATE:	
NAME	LAST	FIRST	MIDDLE INITIA	L		
TEMPORARY ADD	RESS	CITY	STATE	ZIP C	CODE	
PERMANENT ADD	RESS	CITY	STATE	ZIP (	CODE	
AREA CODE – TEM SOCIAL SECURITY	IPORARY PHONE NU	JMBER	AREA CODE – P	PERMANENT PHONE N	UMBER	
ARE YOU FLUENT ENGLISH	IN: SPANISH	BI-LING	UAL			
HAVE YOU EVER E	BEEN CONVICTED O YES	F A FELONY? IF YE	S, PLEASE DESCRIVE (C	CONVICTIONS WILL NO	OT AUTOMATICALLY DISQUALIF	Y JOB CANDIDATES)
FOR WHAT POSITION	ON ARE YOU APPLY	ING?	SALARY EXPEC	CTATIONS?	DATE AVAILABLE?	
HOW DID YOU BEG	COME AWARE OF TH	HIS POSITION?				
ARE YOU RELATED NO	D TO ANYONE EMPL YES	LOYED BY THE COM	IPANY? IF YES, WHO A	ND WHAT IS YOUR RE	LATIONSHIP?	
WILL YOU WORK (	OVERTIME, IF REQU	TIRED?	WIL	L YOU WORK WEEKEN	NDS, IF REQUIRED? YES	
EDUCATIO	ON					
Achieved High School YES	NO (Include Education	in Progress)	FROM (MO. YR.)	TO (MO. YR.)	DIPLOMA/DEGREE DATE	MAJOR
HIGH SCHOOL/LOO						
TECHNICAL SCHO	OL/COLLEGE LOCA	ΓΙΟΝ				
PLEASE LIST SPI COMPUTER SKII		RTIFICATIONS O	R QUALIFICATIONS	YOU POSSESS (SUCI	H AS FOREIGN LANGUAGE FI	LUENCY, CPA,

## **EXPERIENCE**

Please list all past work history including military and summer work. Use additional paper if necessary. (Please complete fully even if submitting resume) START WITH PRESENT/LAST EMPLOYER

PRESENT/LAST EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER				
LAST SUPERVISOR/PHONE NUMBER		REASON FOR LEAVING	DATES OF EMPLOYMENT			
STARTING SALARY	PRESENT/LAST SALAR	Y PRESENT/LAST BONUS/COMM.	FROM: TO: YOUR JOB TITLE(S)			
DESCRIBE YOUR DUTIES A	ND RESPONSIBILITIES		I			
EMPLOYER EN		IPLOYER'S ADDRESS AND PHONE NUMBER				
LAST SUPERVISOR/PHONE NUMBER		REASON FOR LEAVING	DATES OF EMPLOYMENT			
TARTING SALARY PRESENT/LAST SALARY		Y PRESENT/LAST BONUS/COMM.	FROM: TO: YOUR JOB TITLE(S)			
DESCRIBE YOUR DUTIES A	ND RESPONSIBILITIES					
		OYER'S ADDRESS AND PHONE NUMBER				
EMPLOYER	EMPL	OYER'S ADDRESS AND PHONE NUMBER  REASON FOR LEAVING	DATES OF EMPLOYMENT			
EMPLOYER  LAST SUPERVISOR/PHONE	EMPL	REASON FOR LEAVING	DATES OF EMPLOYMENT FROM: TO: YOUR JOB TITLE(S)			
EMPLOYER  LAST SUPERVISOR/PHONE  STARTING SALARY  DESCRIBE YOUR DUTIES A	NUMBER  PRESENT/LAST SALAR	REASON FOR LEAVING	FROM: TO:			
EMPLOYER  LAST SUPERVISOR/PHONE  STARTING SALARY	NUMBER  PRESENT/LAST SALAR	REASON FOR LEAVING	FROM: TO:			
EMPLOYER  LAST SUPERVISOR/PHONE  STARTING SALARY	NUMBER  PRESENT/LAST SALAR	REASON FOR LEAVING	FROM: TO:			
EMPLOYER  LAST SUPERVISOR/PHONE  STARTING SALARY  DESCRIBE YOUR DUTIES A	NUMBER  PRESENT/LAST SALAR  ND RESPONSIBILITIES	REASON FOR LEAVING  Y PRESENT/LAST BONUS/COMM.	FROM: TO:			
EMPLOYER  LAST SUPERVISOR/PHONE  STARTING SALARY  DESCRIBE YOUR DUTIES A	NUMBER  PRESENT/LAST SALAR	REASON FOR LEAVING  Y PRESENT/LAST BONUS/COMM.  AN THOSE LISTED ABOVE	FROM: TO: YOUR JOB TITLE(S)			
EMPLOYER  LAST SUPERVISOR/PHONE  STARTING SALARY  DESCRIBE YOUR DUTIES A	NUMBER  PRESENT/LAST SALAR  ND RESPONSIBILITIES  ENESS REFERENCES OTHER THE	REASON FOR LEAVING  Y PRESENT/LAST BONUS/COMM.  AN THOSE LISTED ABOVE PHONE NUMBER	FROM: TO: YOUR JOB TITLE(S)  R  LENGTH OF TIME KNOWN			

## PLEASE READ THE FOLLOWING VERY CAREFULLY BEFORE SIGNING.

It is the policy of Beck Cabinet Company to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sexual orientation, marital or veteran status, national origin, ancestry, disability, on the job injuries, union affiliation, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

I acknowledge that the information I have supplied is correct to the best of my knowledge and belief without any omissions of any kind whatsoever. I understand that any falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or discharge at any time during my employment.

I understand that consideration for employment in this position is contingent upon the results of a reference and background check. I authorize the Company to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize the Company to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by providing information to the Company.

I understand that nothing in this application is intended to imply or create a contract of employment. I further understand that, if hired, my employment is at-will and can be terminated at any time for any reason, by the Company or me, with or without notice.

I acknowledge and agree that employment in the position for which I have applied may be contingent upon completion of a Company-paid physical examination. In addition, I understand that employment in this position may be contingent upon successful completion of a test for the presence of illegal substances.

APPLICANT'S SIGNATURE	DATE (MONTH & YEAR)