



CUSTOM CABINETS AND FURNITURE
(541) 664-5550 Fax: (541) 665-0929

Date: _____
Name: First _____ Middle _____ Last _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Email _____
Drivers License State and # _____ License expiration date _____
Is your license suspended? _____ In the last 3 years, how many tickets _____ , accidents _____
Position desired _____
Expected Wage _____ Date available to start _____
Are you at least 18 years of age? _____ If not, at what date will you be? _____

Employment History Please start with your present or last job and list **all** jobs in the past five (5) years and/or your last three jobs (whichever is greater) including any gaps in employment. If you need more room, use the back or an additional piece of paper.

Employer _____ Phone # _____
Address _____ Supervisor _____
Employed from ___/___/___ to ___/___/___ Starting wage _____ Ending wage _____
Duties _____
Reason for leaving _____

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Address _____ Supervisor _____
Employed from ___/___/___ to ___/___/___ Starting wage _____ Ending wage _____
Duties _____
Reason for leaving _____

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Address _____ Supervisor _____
Employed from ___/___/___ to ___/___/___ Starting wage _____ Ending wage _____
Duties _____
Reason for leaving _____

Education and Training

List highest level of education and if a degree was earned _____

Please list any skills or qualifications that may be helpful in considering your application.

Personal References

1. Name _____ Occupation _____ Phone _____

2. Name _____ Occupation _____ Phone _____

3. Name _____ Occupation _____ Phone _____

This is a drug-free work place. Are you willing to take a drug test? Yes _____ No _____

Do you have any physical limitations that would prevent you from lifting 100 lbs? Yes _____ No _____

If hired, would you be willing to sign a Non-Compete/Non Disclosure agreement? Yes _____ No _____

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and attached résumé as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time without cause. It is further understood that this "at will" employment may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application, attached résumé or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Printed Name: _____ Date: _____

How did you hear about us?

Craigslist _____ Newspaper _____ Brothers Sign _____ Friend _____ Word of Mouth _____

Current or Former Employee (Name of Employee: _____) Other: _____