



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

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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 \_\_\_\_\_

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

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
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.

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## 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: \_\_\_\_\_