



EMPLOYMENT APPLICATION

Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Date of Application _____

Name _____
First Name Middle Name Last Name

Address _____ City _____ ST _____ Zip _____

Primary Phone _____ Secondary Phone _____ E-mail _____

Position(s) applying for: _____

What is your desired salary range or hourly rate of pay: \$ _____ per _____

Referral source: _____ Have you applied here before? Yes No If yes, give date: _____

Are you available to work; ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you over the age of 18? Yes No Are you eligible to work in the United States? Yes No

Are you fluent in a foreign language (if applicable)? Yes No What language? _____

Are you currently employed? Yes No Dates available for work: _____

EDUCATION INFORMATION

Name and Location of School	Did you graduate?	Degree / Certification
High School / GED _____	Yes No _____	_____
Trade School _____	Yes No _____	_____
College _____	Yes No _____	_____
Graduate _____	Yes No _____	_____

SKILLS AND QUALIFICATIONS

Summarize experience, skills, special training, licenses, or certifications that may assist you in performing the position for which you are applying.

REFERENCES

Please list name and telephone number of three professional references who are not related to you and that you have known for at least one year. Include at least one previous supervisor. Please provide the best telephone number to reach each contact.

Name	Company	Telephone	Relationship to You & Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Please complete every space. Starting with your most recent employer, provide the following information:

Employer	_____	Phone	_____
Address	_____		
Date of Employment: From:	____/____/____	To: ____/____/____	Position Held _____
Supervisor:	_____	May we contact for reference?	Yes No Later
Starting Salary: \$	_____	Ending Salary: \$	_____
Responsibilities:	_____		

Reason for Leaving:	_____		
What did you like most about your position?	_____		
What did you like least about your position?	_____		

Employer	_____	Phone	_____
Address	_____		
Date of Employment: From:	____/____/____	To: ____/____/____	Position Held _____
Supervisor:	_____	May we contact for reference?	Yes No Later
Starting Salary: \$	_____	Ending Salary: \$	_____
Responsibilities:	_____		

Reason for Leaving:	_____		
What did you like most about your position?	_____		
What did you like least about your position?	_____		

EMPLOYMENT HISTORY (CONTINUED)

Employer _____ Phone _____

Address _____

Date of Employment: From: ____/____/____ To: ____/____/____ Position Held _____

Supervisor: _____ May we contact for reference? Yes No Later

Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

Reason for Leaving: _____

What did you like most about your position? _____

What did you like least about your position? _____

MILITARY SERVICE RECORD

Branch of Service: _____

Discharge date: ____/____/____ Discharge Rank: _____

List any additional information you would like us to consider: _____



APPLICATION STATEMENT

AUTHORIZATION

I understand that Custom Wood Products is not making an employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize Custom Wood Products to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted individuals, including current or former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Custom Wood Products. I acknowledge that a facsimile or photocopy of this form is as valid as the original.

Offers of employment are contingent upon finalizing pre-employment actions which may include: drug test and/or physical examination, or other items may be required. Custom Wood Products may withdraw an offer of employment any time for any reason prior to the original agreed upon start date, or after should results come back later.

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard from Custom Wood Products and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired, my employment at Custom Wood Products is "at will" and may be terminated by myself or by them at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of Custom Wood Products has the authority to make any assurance to the contrary.

Signature: _____ Date: ____/____/____

For purposes of this document, a typed signature will serve as the official signature

EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

Applicants are considered regardless of race, color, national origin, religion, gender, age, veteran status, disability, or any other legally protected status, federal, state or local. Equal access to the hiring process, services, and employment is available to all individuals. Applicants requiring accommodations to the application and/or interview process should contact the human resource representative.