 APPLICATION FOR EMPLOYMENT

PEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

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| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS | | | | | | | If under 18, please list age | | | | | |
| Name: ( Last - First - Middle ) | | | | | | | Social Security No.  – – | | | | | |
| Present address | | | City | | | | | | | | State | Zip |
| How Long? | Telephone  ( ) | | | | | Cell Phone  ( ) | | | | | | |
| Employment Desired | | | | | | | | | | | | |
| Position | | | | Date you can start | | | | Salary desired | | | | |
| Are you employed? | | Ever applied to this company before? | | | | | | | | When? | | |
| Education History | | | | | | | | | | | | |
| NAME AND ADRESS OF SCHOOL | | | | | YEARS  COMPLETED | | | | MAJOR & DEGREE | | | |
| High School | | | | |  | | | |  | | | |
| College | | | | |  | | | |  | | | |
| Trade or Business School | | | | |  | | | |  | | | |
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| Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. | | | | | | | | | | | | |
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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 1 of 5

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| HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes | | | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. | | | |
| Driving Information | | | |
| DO YOU HAVE A DRIVER’S LICENSE? ❑ Yes ❑ No  What is your means of transportation to work?  Driver’s license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Operator ❑ Commercial (CDL) ❑Chauffeur Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you had any accidents during the past three years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you had any moving violations during the past three years? \_\_\_\_\_\_\_\_\_\_\_ How Many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Military Service | | | |
| Have you ever served in the U.S. Armed Forces? ❑ Yes ❑ No Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specialty Date Entered Discharge Date  Are you a member of the National Guard OR Reserve? ❑ Yes ❑ No | | | |
| References: Give below the names of three persons not related to you, whom you have known one year. | | | |
| Name | Address | Phone Number | Years Known |
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| APPLICATION FOR EMPLOYMENT Page 3 OF 5 | | | | | | |
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| Work Experience | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | |
|  | | | | |  | |
| Name and address of employer | | Name of last supervisor | | Employment dates | | Pay or salary |
|  | |  | | From  To | | Start  Final |
|  | | Phone Number: | | | | |
| Reason for leaving (be specific) | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | |
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|  | | |  | From  To | | Start  Final |
|  | | | Phone Number: | | | |
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| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | |
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| APPLICATION FOR EMPLOYMENT Page 4 of 5 | | | | | | |
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| Work experience | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | |
|  | | | | |  | |
| Name and address of employer | | Name of last supervisor | | Employment dates | | Pay or salary |
|  | |  | | From  To | | Start  Final |
|  | | Phone Number: | | | | |
| Reason for leaving (be specific) | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | |
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| Name and address of employer | | | Name of last supervisor | Employment dates | | Pay or salary |
|  | | |  | From  To | | Start  Final |
|  | | | Phone Number: | | | |
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| May we contact your present and past employer(s)? ❑ Yes ❑ No | | | | | | |
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| PLEASE READ CAREFULLY 5 of 5 |
| APPLICATION FORM WAIVER |
| In exchange for the consideration of my job application by The Legacy Cabinet Company (hereinafter called “the Company”), I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Legacy Cabinet Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and The Legacy Cabinet Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. |
| I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. |
| I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. |
| I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. |
| I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. |
| Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. |