

CORD'S CABINETRY, INC.

Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Please mail completed application to:

P.O. Box 348
Charlotte Hall, MD 20622

Or fax application to:
(301) 884-9762

OFFICE USE ONLY:

Date received:
Reviewed by:

DATE: _____

Name: _____

LAST
FIRST
MIDDLE

Address: _____

NUMBER
STREET
CITY
STATE
ZIP

How long at current address? _____ Social Security Number _____ - _____ - _____

Telephone: Home: _____ Cell: _____

Are you under age 18 YES NO If yes, can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? YES NO ** Proof of eligibility will be required if hired

Position applied for _____

Wage desired _____

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions of the job for which you are applying?
 YES NO *answering "yes" does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of violation, rehabilitation and position applied for will be considered*

If "yes", please explain

DO YOU HAVE A VAILD DRIVER'S LICENSE? YES NO

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

**FOR OFFICE
POSITIONS ONLY**

Typing YES _____ WPM 10-Key YES
 NO NO Word Processing YES _____ WPM
 NO NO

Personal Computer YES PC
 NO MAC Other Skills _____

Please list two references other than relatives

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

Work Experience please list your work experience, beginning with your most recent job held
 If you were self-employed, give full name of your company.

Name of employer _____	Name of last Supervisor _____	Employment dates	Pay or Salary
Address _____			
City, State, Zip Code _____		From: _____	Start: _____
Phone Number _____		To: _____	Final: _____
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your last job title _____		
Reason for leaving (be specific) _____			

Name of employer _____	Name of last Supervisor _____	Employment dates	Pay or Salary
Address _____			
City, State, Zip Code _____		From: _____	Start: _____
Phone Number _____		To: _____	Final: _____
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your last job title _____		
Reason for leaving (be specific) _____			

Name of employer _____	Name of last Supervisor _____	Employment dates	Pay or Salary
Address _____			
City, State, Zip Code _____		From: _____	Start: _____
Phone Number _____		To: _____	Final: _____
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your last job title _____		
Reason for leaving (be specific) _____			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, or educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge

Signature of Applicant: _____ Date: _____

Cord's Cabinetry is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, age, or disability. We assure you that your opportunity for employment with Cord's Cabinetry depends solely on your qualifications