



Cabinet Door Service
 2900 Pringle Rd SE Sp# 150
 Salem, OR 97302
 www.cabdoor.com

Employment Application

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Today's Date: _____

Applicant Please Note:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading information during an interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.

All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment.

Name: _____

Home Phone: _____ Cell Phone: _____ Other (Please Specify): _____

Current Address: _____ Zip: _____

Prior Address: _____

Availability: For which position are you applying? _____

What date can you start? _____ Part-time? Full-time?

For which shifts are you available?
 Morning Swing

Which shift would you prefer?
 Morning Swing

Education: Please circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

	Name	City/State	Did you graduate?	What degree did you receive?
High School				
College				
Other				
Bi-lingual?	(circle level) <u>ENGLISH:</u> Beginner Intermediate Advanced <u>SPANISH:</u> Beginner Intermediate Advanced			

Security: List states and countries of residence for past 7 years _____

Have you used any names or Social Security Numbers other than listed? Yes No
 If so, please list on back.

Have you been convicted of a felony in the past 7 years? If so, please describe in the space provided or an attached sheet of paper. _____

Employment References

Note: Names and phone numbers of your former supervisors are very important to us. We are looking for evidence that you will be a good employee. In addition, please list any other work experience that you think is relevant on a separate sheet of paper.

Most Recent Employer			
_____			()
Company Name	City	State	Telephone Number
From _____ To _____			_____
Dates employed	Title	Name of your supervisor	
Duties _____			
Wage	# of hours/week	Reason for leaving (Please be specific. If you haven't left, indicate why you are planning to leave.)	

Second Most Recent Employer			
_____			()
Company Name	City	State	Telephone Number
From _____ To _____			_____
Dates employed	Title	Name of your supervisor	
Duties _____			
Wage	# of hours/week	Reason for leaving (Please be specific. If you haven't left, indicate why you are planning to leave.)	

Third Most Recent Employer			
_____			()
Company Name	City	State	Telephone Number
From _____ To _____			_____
Dates employed	Title	Name of your supervisor	
Duties _____			
Wage	# of hours/week	Reason for leaving (Please be specific. If you haven't left, indicate why you are planning to leave.)	

Personal References

Note: Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship

Certification and Release

I certify that I have read and understand the applicant note on the front page of this form and that the answers given by me in the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of the facts called for in this application may result in rejection of my application or discharge any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any did persons, schools, companies and law enforcement authorities from any liability or damage whatsoever for giving this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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