



Application for Employment
(Equal Opportunity Employer)

General

Name _____

Address _____

Telephone (____) _____ Social Security # _____

Date Available for Employment _____

If employed and under 18, can you furnish a work permit? [] Yes [] No

Have you ever been employed by this company? [] Yes [] No

Are you employed now? [] Yes [] No

May we contact your present employer? [] Yes [] No

If yes, give name: _____

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

Type of work desired: _____

If applying for a position where driving is required, do you have a valid driver's license in this state?

License # _____

Can you perform the essential functions of the job(s) for which you are applying?

Are you available to work [] Full-Time [] Part-Time [] Over-time

Education

Table with 5 columns: School Name and Address, Elementary, Secondary, College, Graduate. Rows include Grade Completed and Course of Study.

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking: _____

References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to ____ (mo/yr)
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to ____ (mo/yr)
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to ____ (mo/yr)
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to ____ (mo/yr)
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **Architectural Wood LLC** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **Architectural Wood LLC** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Architectural Wood LLC or at my option, without notice, at any time and for any reason.

I also understand that no representative of **Architectural Wood LLC** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Managing Member of **Architectural Wood LLC**.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

(Retain in Architectural Wood LLC's employment files.)