

**APPLICATION FOR EMPLOYMENT**  
**Cabinet Tech, LLC**

**FINAL APPLICANTS MUST PASS A DRUG/ALCOHOL SCREEN**

Last Name	First Name	Middle Name	Application Date
Current Address (Number & Street)		Home Phone Number	Message/Emerg Phone Number
City, State & Zip			Social Security Number

**EMPLOYMENT DESIRED**

Position Desired	
Have you worked for our company before? Yes___ No (If yes, state date)	Will you accept part-time work? Yes___No Will you accept temporary work? Yes___No Salary or wage desired

**U.S. MILITARY SERVICE**

Service Branch:	Final Rank:	Military Occupation:
Education/Training:	Date Entered:	Date Separated:

**PERSONAL**

Are you able to perform the duties and meet the qualifications of the position for which you are applying with/without reasonable accommodations? Yes___No If no, please explain:
Do you have transportation? Yes___No___
Hobbies or interests:
Have you been convicted of a crime or released from prison, whichever is more recent, within 7 years of this application? Yes___No___ If yes, please explain:
Note: A conviction will not necessarily bar you from employment.

**EDUCATION AND TRAINING**

1. Circle the highest grade completed:      Grade 1 2 3 4 5 6 7 8    High School 1 2 3 4    College 1 2 3 4 5
2. Name of High School:_____ Did you graduate? Yes___No Name of College:_____ Did you graduate? Yes___No College Major:_____College Minor(s):
3. Graduate Work:
Other education or training which may help us better place you:

**EMPLOYMENT HISTORY**

Last Employer First From / To	Employer's Name, Address & Phone Number	Last Salary & Position Held	Reason For Leaving
/	Name:	Salary:	
/	Street:	Position:	
Phone #	City:	Supvr:	
/	Name:	Salary:	
/	Street:	Position:	
Phone #	City:	Supvr:	
/	Name:	Salary:	
/	Street:	Position:	
Phone #	City:	Supvr:	

May we contact your current employer for a reference? Yes \_\_\_ No

List equipment you can operate:

I have performed the following jobs for which I am presently qualified. (List in order of skill)

Job	Skill Performed	For Whom
1.		
2.		
3.		

**CERTIFICATION:**

I authorize investigation of all statements contained in this application. I authorize the employers, schools or persons named above to provide information regarding my employment, education, character and qualifications to the Company. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time with or without cause and with or without previous notice. No manager, supervisor, representative or agent of the company, other than the President, has any authority to enter into any agreement with me for any specified period of time, or to make any agreement contrary to the foregoing. I further understand and acknowledge that nothing contained in the employee manual received by me at the commencement of my employment, if hired, nullifies, or modifies the foregoing.

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and I understand that intentionally giving false information could result in refusal of employment, or discharge. This application will remain under active consideration for applicable job openings which occur within 90 calendar days from the date on this application. I agree, upon request, to submit to a blood or urine test to detect drug usage and recognize that said test will be used to determine suitability for initial or continuing employment. As a final applicant I also agree to pay \$120.00 for the cost of the physical and urine drug/alcohol screen; the cost of which will be reimbursed to me after negative test results are confirmed or if I voluntarily leave the company within 1 month of my hire date. **I further agree to have the above amount deducted from my paycheck in the event of a voluntary leave or positive drug test result.**

**I understand and agree to the above terms:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_