



# EMPLOYMENT APPLICATION

We are an equal opportunity employer.  
Each question should be fully and accurately answered.  
This application will remain active for 30-days.  
Pre-employment Drug test will be required for all positions.

## PERSONAL DATA

## TODAY'S DATE

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Are you 18 years of age? \_\_\_\_\_ Email Address \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Do you have any commitments which would cause you to miss work; please let us know so that we can schedule accordingly. Remember, attendance is an important factor in the evaluation process.

What shift are you able to work?      First      Second      Split

Able to work overtime?      Yes      No

Able to work weekends?      Saturday      Sunday

## EDUCATION

Name of High School / College / University	Years Completed	Field of Study	Graduate / Degree

Please list any specialized programs that you have completed such as an apprenticeship or other training programs.

Are you planning to attend school? \_\_\_\_\_

Were you referred by a current employee? If so, list name here \_\_\_\_\_



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## MILITARY HISTORY

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Military Veteran? \_\_\_\_\_ Active Reservist? \_\_\_\_\_ Area of Specialty? \_\_\_\_\_

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## EMPLOYMENT HISTORY

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Name of Current or Last Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Position \_\_\_\_\_ Ending Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we check references \_\_\_\_\_

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Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Position \_\_\_\_\_ Ending Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we check references \_\_\_\_\_



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Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Position \_\_\_\_\_ Ending Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we check references \_\_\_\_\_

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Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Position \_\_\_\_\_ Ending Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we check references \_\_\_\_\_

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Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Position \_\_\_\_\_ Ending Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we check references \_\_\_\_\_



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## WORK PREFERENCES

Position Desired \_\_\_\_\_ Salary Requirement \_\_\_\_\_

Date available to start \_\_\_\_\_ Work Type    Full Time    Part Time    Summer Only  
(Check all that apply)

## ADDITIONAL INFORMATION

List any special talents, license, certificates, skills or software experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## APPLICANT AGREEMENT

I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any deliberate falsifications, misrepresentation or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. I hereby authorize the Company to make whatever investigation it deems necessary to verify or check on the information above. Bayer Interior Woods (a.k.a. Cabinet Components) reserves the right to conduct a criminal background check after employment is offered or accepted.

I understand that if hired, my employment is at-will and may be terminated with or without cause, with or without notice, at any time, by the Company or me. I also understand that while personnel policies, programs procedures and benefits may change from time to time, such at-will status is not subject to change.

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

This acts as a signature, binding to the agreement.

**SUBMIT**

Once completed, download and save the form. Click 'Submit' and attach the completed form and send to HR@bayerinteriorwoods.com