

TEDD WOOD, LLC

Makers of Fine Cabinetry
Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including; race, creed, color, age, sex, religion, or national origin.

Date: Soc. Sec.#: Current U.S. Citizen: Yes No

PERSONAL INFORMATION

Name:
Last First Middle Initial

Present Address:
Street City State Zip Code

Phone #: Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Please list below the Name and Department of any relatives, other than spouse, already employed by this company.

Referred By: Birth Date:
Month Date Year

EMPLOYMENT DESIRED

Position: Date you can start:

Are you currently employed? Yes No If so may we contact your present employer? Yes No

Have you ever applied to this company before? Yes No When?

Current Salary? Required Salary? Full-Time Part-Time Full or Part

How many hours can you work weekly? Can you work nights?

Days/hours available for work: No Pref Mon Tues Wed Thurs Fri Sat Sun

Education	Name and Address of School	Grade Completed	Diploma or Degree
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High School	<input type="text"/>		
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College or University	<input type="text"/>		
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Other Educational Center	<input type="text"/>		
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Subjects of Social Study or Research Work

Trade school or Technical experience or training.

List personal activities other than religious.

PREVIOUS EMPLOYER (S)

List below your last three employers, beginning with the most recent one first.

Name & Address	Dates	Position(s)	Salary	Reason for Leaving

REFERENCES: Name of three persons, not related to you, whom you have known for at least one year:

Name	Address	Phone #	Occupation	Years acquainted
1.				
2.				
3.				

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job for which you have applied? If so, please describe

In case of EMERGENCY notify:
 Name Address Phone #

I hereby authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts is cause for dismissal. I understand and agree that my employment is for no definite term and may, regardless of the date of my wages and salary, be terminated at any time without any previous notice. I also agree to pre-employment drug screening as well as random post-employment drug screening as part of the employment process, and if abused, also for dismissal.

Signature Date

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Remarks: _____

Neatness: _____ Character _____

Personality _____ Ability _____

Hired _____ For Dept. _____ Position _____

Will Report _____ Salary / Wages _____

Approved (1) _____ (2) _____ (3) _____
 Employment Manager Dept. Supervisor Other