

CREATIVE CABINETS

CUSTOM

1500 W. INDUSTRIAL BLVD.
ROUND ROCK, TEXAS 78681

EMPLOYMENT APPLICATION

GENERAL

NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS: (STREET, CITY, STATE, AND ZIP CODE) _____

PHONE NO: DAY _____

PHONE NO: EVENING _____

ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS _____

BIRTHDATE IF UNDER 18 _____

IF HIRED CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? Yes No

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? Yes No
IF YES PLEASE EXPLAIN.

A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING
SERIOUSNESS AND NATURE OF THE OFFENSE. TIME ELAPSED AND REHABILITATION WILL BE TAKEN INTO CONSIDERATION.

POSITION

TYPE OF POSITION APPLYING FOR: _____ SOURCE OF REFERRAL: _____

DATE AVAILABLE: _____ POSITION DESIRED: _____ SALARY EXPECTED _____

FULL TIME: _____

PART TIME: _____

TEMPORARY: _____

EMPLOYMENT RECORD

EMPLOYER _____ LAST SUPERVISOR _____ FINAL POSITION TITLE: _____

START DATE _____ END DATE _____ REASON FOR LEAVING _____

FINAL SALARY _____ MAY WE CONTACT THIS EMPLOYER? Yes No

STREET ADDRESS CITY, STATE, ZIP CODE _____ PHONE () _____

POSITION DECIPTION: _____

EMPLOYER _____ LAST SUPERVISOR _____ FINAL POSITION TITLE: _____

START DATE _____ END DATE _____ REASON FOR LEAVING _____

FINAL SALARY _____ MAY WE CONTACT THIS EMPLOYER? Yes No

STREET ADDRESS CITY, STATE, ZIP CODE _____ PHONE () _____

POSITION DECIPTION: _____

EMPLOYER _____ LAST SUPERVISOR _____ FINAL POSITION TITLE: _____

START DATE _____ END DATE _____ REASON FOR LEAVING _____

FINAL SALARY _____ MAY WE CONTACT THIS EMPLOYER? Yes No

STREET ADDRESS CITY, STATE, ZIP CODE _____ PHONE () _____

POSITION DECIPTION: _____

EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL

NAME OF SCHOOL _____

CITY & STATE _____ GRADUATE? Yes No MAJOR SUBJECT _____

TYPE OF DEGREE OR DIPLOMA _____

HIGH SCHOOL DEGREE OR G.E.D

NAME OF SCHOOL _____

CITY & STATE _____ GRADUATE? Yes No

TYPE OF DEGREE OR DIPLOMA _____

OTHER

NAME OF SCHOOL _____

CITY & STATE _____ GRADUATE? Yes No

TYPE OF DEGREE OR DIPLOMA _____

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING, SHORTHAND, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT CREATIVE CUSTOM CABINETS, INC.

LANGUAGE ABILITY - LIST THOSE YOU COULD USE IN YOUR WORK _____

ENGLISH: SPEAK: Yes No READ: Yes No WRITE: Yes No

OTHER: SPEAK: Yes No READ: Yes No WRITE: Yes No

PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATION YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE.

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK AND/OR EDUCATION

NAME/TITLE _____ MAILING ADDRESS: _____ PHONE NUMBER _____

NAME/TITLE _____ MAILING ADDRESS: _____ PHONE NUMBER _____

NAME/TITLE _____ MAILING ADDRESS: _____ PHONE NUMBER _____

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ON MY RESUME, IF PROVIDED. I CERTIFY THAT SUCH STATEMENTS ARE TRUE, AND UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS FORM, OR ON ANY RESUME PROVIDED BY ME, IS CAUSE FOR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.

DATE: _____

SIGNATURE: _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS, AGE, VETERAN STATUS, MARITAL STATUS, OR EX - OFFENDER STATUS).

EMPLOYMENT IS CONTINGENT UPON FURNISHING EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY.