

# Application For Employment

Great Northern Cabinetry, Inc.  
749 Kennedy Street  
Rib Lake, WI 54470  
715-427-5255

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Email address		Telephone Number(s)	Social Security Number

Are you over the age of 18? (If under 18, hire is subject to reverification of minimum legal age.

Yes  No

Have you ever filed an application with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date are you available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Summer Help

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job related training received in the United States military.

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List professional trade, business or civic activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.

**Fill out completely, including Dates Employed and Hourly Rate/Salary.**

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Supervisor	Starting	
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Supervisor	Starting	
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Supervisor	Starting	
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Supervisor	Starting	
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> MS Word	<input type="checkbox"/> 10 Key Entry	<input type="checkbox"/> CNC	Other (list):
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Reading Engineering Drawings	_____
<input type="checkbox"/> MS Publisher	<input type="checkbox"/> BOM	<input type="checkbox"/> Forklift	_____
<input type="checkbox"/> MS Access	<input type="checkbox"/> CAD		_____

State any additional information you feel may be helpful to us in considering your application.

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## References

1. \_\_\_\_\_  
(Name) (Phone#)  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_  
(Name) (Phone#)  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_  
(Name) (Phone#)  
\_\_\_\_\_  
(Address)

# Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that I may be subject to drug testing and that if a positive or tampered test result occurs the job offer may be withdrawn.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTES \_\_\_\_\_

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