

APPLICATION FOR EMPLOYMENT

KOUNTRY KRAFT

EXCELLENCE IN CUSTOM-MADE CABINETS SINCE 1959

TODAY'S DATE: _____

PERSONAL:

Name _____

Last

First

Middle

Address _____

Street

City

State & Zip

Phone No. _____ Social Security No. _____

EMPLOYMENT DESIRED:

Position Sought _____ Full Time Part Time

Date Available _____ Salary Desired _____

Are you legally eligible for employment in the United States YES NO

(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you employed now? YES NO If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ If so, when? _____

Were you referred to Kountry Kraft for employment by anyone? YES NO

Referred By: _____ (Optional)

EDUCATION:

High School: Indicate the number of years completed (circle one) 1 2 3 4

Diploma: YES NO G.E.D.: YES NO

School _____ City/State _____

School _____ City/State _____

College and/or Vocational School: No. of years completed (circle one) 1 2 3 4

School _____ City/State _____

School _____ City/State _____

Area of Study _____ Degree YES NO

Other Certifications or Licenses _____

License

Expiration Date

SKILLS:

Carpentry/Cabinet Mfg./Woodworking: (List your previous experience & skills & include any machinery

you know how to operate.) _____

SKILLS Cont'd. _____

Office: Data Entry Excel Word Other Microsoft _____

Accounting Software Applications _____

Other Software Skills _____

List Any Other Office Skills/Experience _____

GENERAL:

Subjects of Special Interest and/or Study _____

Other Professional Memberships/Civic Activities (Optional) _____

(You need not disclose memberships in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected class or status.)

EMPLOYMENT HISTORY: List last employer first, including U.S. Military Service.

EMPLOYER _____

Address _____

Telephone No. _____ Position _____

Dates of Employment: From ___/___/____ To ___/___/____

Salary/Hourly Rate _____ Reason for Leaving _____

EMPLOYER _____

Address _____

Telephone No. _____ Position _____

Dates of Employment: From ___/___/____ To ___/___/____

Salary/Hourly Rate _____ Reason for Leaving _____

EMPLOYER _____

Address _____

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EMPLOYER _____

Address _____

Telephone No. _____ Position _____

Dates of Employment: From ___/___/____ To ___/___/____

Salary/Hourly Rate _____ Reason for Leaving _____

REFERENCES:

NO. 1

Name _____ Phone No. _____

Address _____
(Street) (City) (State) (Zip)

No. of Years Acquainted _____ Personal or Professional Acquaintance

If Professional, List the Company or Organization _____

NO. 2

Name _____ Phone No. _____

Address _____
(Street) (City) (State) (Zip)

No. of Years Acquainted _____ Personal or Professional Acquaintance

If Professional, List the Company or Organization _____

NO. 3

Name _____ Phone No. _____

Address _____
(Street) (City) (State) (Zip)

No. of Years Acquainted _____ Personal or Professional Acquaintance

If Professional, List the Company or Organization _____

Please read carefully before signing.

Kountry Kraft is an equal opportunity employer (EOE). Kountry Kraft does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Kountry Kraft to hire me. If I am hired, I understand that either Kountry Kraft or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Kountry Kraft has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Kountry Kraft true and complete information on this application. No requested information has been concealed. I authorize Kountry Kraft to contact references provided for employment reference checks. If any information I have provided is untrue, or I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature

Date

This application is valid for 90 days from the date signed/dated above.

