

# APPLICATION FOR EMPLOYMENT

## KOUNTRY KRAFT

EXCELLENCE IN CUSTOM-MADE CABINETRY 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 \_\_\_\_\_

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 \_\_\_\_\_

**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.*

