

Date \_\_\_\_\_

# Craftsmen in Wood, Mfg.

## Application for Employment

Note: Applications are regarded as current for 30 days, after such time a new application must be completed in order to be considered for a position.

Please Print

\_\_\_\_\_  
**First Name** **Middle Initial** **Last Name**

\_\_\_\_\_  
**Current Address** **Zip Code**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Phone Number**

<p><b>Position applying for</b> _____</p> <p><b>Are you available to work: Full-time</b> _____ <b>Part-time</b> _____ <b>Temporary</b> _____</p> <p><b>Date available</b> _____ <b>Rate of pay expected</b> _____</p> <p><b>Are you available to work nights?</b> _____</p> <p><b>How did you hear about Craftsmen in Wood, Mfg?</b> _____</p>
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**List any experience, skills, or qualifications you believe would qualify you for employment at Craftsmen in Wood, Mfg.** \_\_\_\_\_

**Have you ever worked for Craftsmen In Wood before?** \_\_\_\_\_

**If so, when?** \_\_\_\_\_

**Are you legally eligible for employment in the United States?** \_\_\_\_\_

[Arizona Law, 41-1461, defines the term "qualified handicapped individual" as: "A person with a handicap who with reasonable accommodation is capable of performing the essential functions of the particular job in question within the normal operations of the employer's business in terms of physical requirements, education, skill, and experience."]

## EDUCATION

Education	Name & Address	Graduation Date	Major
High School			Not Applicable
College			
Trade School			

Do you have valid identification? \_\_\_\_\_ (Drivers license, resident alien card, etc.)

Have you had your Driver's License revoked/suspended within the past three years? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Do you have dependable transportation? \_\_\_\_\_

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? \_\_\_\_\_

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(Note: Conviction will not necessarily disqualify you from employment)

## EMPLOYMENT HISTORY

Please list the last three employers beginning with the most current.

Beginning/Ending Date of Employment	Name, address, & phone number of Employer	Ending Salary	Position	Reason for Leaving

May we contact your current employer? \_\_\_\_\_

## APPLICANT'S STATEMENT

1. All information given on this application is true. False information (misrepresentation or omission of information) is grounds for non-hire or dismissal. I authorize investigation of all statements contained herein including the employer references, and authorize any previously listed employers to submit pertinent information concerning my employment.
2. Employment is of an "at will" relationship. I understand that if hired, my employment does not constitute any contractual relationship and is terminable at any time by employee or employer for any reason. I understand that no supervisor, with the exception of the President of Craftsmen in Wood, Mfr., has any authority and cannot enter into any agreement for employment, written or oral, and has no authority to make any representations before or during employment that can change or modify this contractual policy and understanding of employment. If an exception is made by the President, it is valid only if in writing and signed by applicant and President.
3. Safety is of critical importance. Involvement with intoxicants (drugs & alcohol) and dishonest and illegal acts that will not be tolerated. Craftsmen in Wood reserves the right to require and I agree to participate in any examination, testing, inspection, or investigation (including medical exam, drug screen, property search) regarding problems concerning intoxicants.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## FOR EMPLOYER USE ONLY

Rehire Yes \_\_\_\_\_ No \_\_\_\_\_

Department: Management    Sales    M1    M2    M3    M4    M5    C1    H1

Shift 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Date Hired \_\_\_\_\_

Beginning Work Date \_\_\_\_\_ Hours to be worked \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Re-hire? \_\_\_\_\_

Signature: \_\_\_\_\_

Referred by: \_\_\_\_\_

Employee ID# \_\_\_\_\_ Employee Time Card# \_\_\_\_\_