



# EMPLOYMENT APPLICATION

## cabinetsmore inc. is an Equal Opportunity Employer

Applicants are considered for all positions without regard to race,color, creed, religion, sex, national origin, age, disability, marital or veteran status, or any other status protected by applicable federal, state or local law.

### PERSONAL

Last Name	First	Middle	Date
Present street address			Home Phone
City, State, Zip			Business/message phone
Previous street address			Social security no.
City, State , Zip			

Have you ever applied for employment with cabinetsmore inc.? Yes\_\_\_No\_\_\_

Have you ever been employed with cabinetsmore inc.? Yes\_\_\_No\_\_\_

If yes: month and year \_\_\_\_\_ Location: \_\_\_\_\_

Are you at least 18 years of age? Yes\_\_\_No\_\_\_

If no, do you have a work permit? Yes\_\_\_No\_\_\_

Name and address of parent or guardian if applicant is a minor. \_\_\_\_\_

If hired, can you provide proof that you are eligible to work in the United States? Yes\_\_\_No\_\_\_  
(Upon hire, you will be required to provide proof of your identity and authorization to work)

Have you ever been convicted of a felony? Yes\_\_\_No\_\_\_ (Note: A conviction will not necessarily disqualify an applicant from employment)

If yes, state the nature of the offense, where and when it occurred and the sentence imposed. Please provide any further information you would like us to know. \_\_\_\_\_

### EMPLOYMENT DESIRED

Position desired	Salary expected					
Specify hours and days available	Full-time___Part-Time___ On Call or Temporary___					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Will your work overtime if asked			Yes___No___			
Date Available for work _____						

How were you introduced to cabinetsmore inc.?  
 Walk-In  Employee referral  College/University  Career Fair  CnM Web side  Other Web Site  Newspaper ad.  
 Which One?

Are you acquainted with anyone who works for cabinetsmoreinc.? Yes\_\_\_No\_\_\_

Name \_\_\_\_\_



**EMPLOYER 4**

Company name	Telephone
Address	Employed (state, month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State job title and describe your work	Reason for leaving
Is there a reason why you would not want us to contact this employer?	Your name when employed, if different than present name.

**EMERGENCY**

In case of emergency, please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone number \_\_\_\_\_

**EDUCATION**

High School	City	Course of study	Graduate?	Circle year completed 9 10 11 12
Tech or trade school	City	Course of study	Graduate?	1 2 3 4
College/University	City	Major Degree	Graduate?	1 2 3 4
College/University	City	Major Degree	Graduate?	1 2 3 4

Additional job-related seminars, short courses, workshops or other educational experiences?

Please list any job-related clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin ancestry, sex age, or other status protected by applicable law.

**SKILLS**

For Sales Applicants: What type of merchandise have you sold?

List any other special training or skills (e.g., computer, machine operation, foreign language fluency, etc.) relevant to the position for which you are applying.

Why would you like to work for cabinetsmore inc.?

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Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective?

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**AGREEMENT**

I hereby certify that the information that I have provided in this employment application is true and correct to the best of my knowledge, and that I have not withheld information that would, if disclosed, affect this application unfavorably.

I understand that falsified or intentionally misleading information in any detail or significant omissions from this application may disqualify me from further consideration for employment or may result in my termination if discovered after my hire. I agree that cabinetsmore inc. shall not be liable for disqualifying or terminating me under such circumstances.

I authorize cabinetsmore inc. and its agents to investigate my personal, educational and employment history; agree to cooperate in such investigation; and authorize any former employer, school, person, firm, corporation, credit agency, government agency, or other entity to provide cabinetsmore inc. with any information he or she may have about me, to the full extent permitted by applicable law. In consideration of cabinetsmore inc. reviewing of this application, I hereby release cabinetsmore inc., its agents, and all providers of information from any liability that results from furnishing or receiving this information, except as otherwise limited by applicable law.

I understand that my employment is at will and can be terminated for any reason, with or without notice, at any time, at either the Company's or my option.

I further agree that if employed, I will conform my conduct to cabinetsmore inc. rules and regulations. I have read the above Applicant Agreement, and understand and agree to its terms

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

**REFERENCE CHECK**

(To be completed by Personnel Department)

Name	Comments	Referenced returned
1		
2		
3		
4		

By: \_\_\_\_\_ Date: \_\_\_\_\_