

# THE MANUAL WOODWORKERS & WEAVERS, INC.

An Equal Opportunity Employer

## Application for Employment

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address: \_\_\_\_\_  
(if less than 1 year) street city state zip

Former Address \_\_\_\_\_

PHONE NO. \_\_\_\_\_ Are you 18 Years or older? Yes ( ) No ( )

Are you legally eligible to work in the United States? Yes ( ) No ( )

Can you travel if a job requires it? Yes ( ) No ( )

Have you ever been convicted of a crime in the last 7 years? Yes ( ) No ( )

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

### EMPLOYMENT HISTORY

Please provide all employment information for your past four employers starting with the most recent.

<i>Date Month and Year</i>	NAME AND ADDRESS OF EMPLOYER	SALARY	JOB TITLE	REASON FOR LEAVING
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				

### EMPLOYMENT DESIRED

Position Desired: \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? Yes ( ) No ( )

If so, may we contact your present employer? Yes ( ) No ( )

(continued on other side)

### EDUCATIONAL HISTORY

Please indicate education or training you have completed:

High School:	Years Completed (circle one) 1 2 3 4	Diploma: Yes ( ) No ( ) GED: Yes ( ) No ( )
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<b>College:</b>	<b>List name, city &amp; state of college attended</b>	Degree: _____
<b>Technical Training:</b>	_____	
<b>Other:</b>	_____	
<b>Special Skills:</b>	_____	

## REFERENCES:

*Please list names, telephone numbers and business of three persons not related to you:*

Name: _____	Phone: _____	Business: _____
Name: _____	Phone: _____	Business: _____
Name: _____	Phone: _____	Business: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

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 is specifically acknowledged in writing by the President of this organization.

I agree to complete a pre-employment drug screen.

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

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Hired: yes ( ) no ( ) Position: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Department: \_\_\_\_\_