



M. BOHLKE VENEER CORP.

Application for Employment

Applicant name: _____ Date: _____
First Middle Last

Address: _____ Phone #: _____
Number Street City State Zip

Social Security (last 4 #): _____ Date you are available to start work: _____

Position(s) applied for, or type of work desired: _____

Salary Desired: \$ _____ Are you currently employed? Yes No

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Prompt and regular attendance is a condition of employment.

Are you able to meet the attendance requirements?	Yes	No
Have you ever been previously employed by our organization?	Yes	No
Are you 18 years or older?	Yes	No
Have you been convicted of a crime in the last 7 years?	Yes	No

If yes, please explain (a conviction will not automatically bar employment):

Are you prevented from lawfully becoming employed in this country because of visa or immigration status:

Yes No

How were you referred to us? _____

List names of any friends or relatives working here:

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School

Number of Years Completed: 1 2 3 4

Diploma: Yes No **G.E.D.:** Yes No

School(s): _____ City/State: _____

College and/or Vocational School

Number of Years Completed: 1 2 3 4

School(s): _____ City/State: _____

Major: _____ Degrees earned: _____

Other Training or Degrees

School(s): _____ City/State: _____

School(s): _____ City/State: _____

Course: _____ Degree of Certificate Earned: _____

Employment History

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

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Salary:** _____

Job summary:

Reason for leaving: _____

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Salary:** _____

Job summary:

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary:

Reason for leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain:

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

References (please, no relatives)

List 3 references' names, telephone numbers, years known and how you know that person.

<u>NAME</u>	<u>PHONE #</u>	<u>YEARS KNOWN</u>	<u>HOW YOU KNOW THEM</u>
-------------	----------------	--------------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

(Please return this form to HR)