

Phone 606-528-3648 1-800-425-0899 Fax: 606-523-2415 or 528-5487

www.stidhamcabinet.com

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without discrimination based on race, color, religion, gender, national origin, age, disability, and any other legally protected status. Stidham Cabinet requires Drug Screening and Criminal Background Checks.

(PLEASE PRINT) Position Applied for Date of Application How Did You Learn About Us? ☐ Advertisement ☐ Friend ☐ Walk-In ☐ Other ☐ Employment Agency ☐ Relative Middle Name Last Name First Name Address Number Street City State Zip Code Telephone Number(s) Social Security Number If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes □ No ☐ Yes Have you ever filed an application with us before? □ No If Yes, give date\_ □ Yes Have you ever been employed with us before? □ No If Yes, give date\_\_ Are you currently employed? ☐ Yes □ No May we contact your present employer? □ Yes □ No Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Proof of citizenship or immigration status will be required upon employment. ☐ Yes □ No On what date would you be available to work? Are you available to work: ☐ Full Time □ Part Time □Temporary

Elementary School	Name and Address of School	Course of Study	Years Completed	Diploma
School				Degree
ligh				
chool Indergraduate				
College				
Graduate				
Professional				
Other Specify)				
,				

## **Employment Experience**

Start with your present or last job, and list your complete employment history.

1.	Employer	Dates En	mployed	Work Performed
		From	То	
	Address			
	Telephone Number(s)	Hourly R	ate/Salary	
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employer	Dates E	mployed	Work Performed
		From	То	
	Address			
	Telephone Number(s)	Hourly R	ate/Salary	
		Starting	Final	
	Job Title			
	Reason for Leaving			
3.	Employer	Dates En	mployed	Work Performed
		From	То	
	Address			
	Telephone Number(s)	Hourly R	ate/Salary	
		Starting	Final	
	Job Title			
	Reason for Leaving			
4.	Employer	Dates E	mployed	Work Performed
		From	То	
	Address			
	Telephone Number(s)	Hourly R	ate/Salary	
		Starting	Final	
	Job Title			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

ecialized Skills:	AT-WILL, EQUAL Check Skills/Equip		MPLOYER*
Production/Mobile _Excel _PC _Calculator	Fax Microsoft Word Other		Other (list):
_MAS 90	<u> </u>		
1. (Name)		Phone #	)
(Address)  2. (Name)		Phone #	)
(Address)		(	)
3. (Name)		Phone #	)
			)
3. (Name)			

NOTES:				
*WE A Applicant's Staten		ILL, EQUAL (	OPPORTUNITY E	MPLOYER*
Y				1.1
I certify that answers	given herein are	true and complete	e to the best of my know	vledge.
I authorize investiga	tion of all state	ements contained	in this application fo	or employment as may be
necessary in arriving	at an employmer	nt decision.		
RELATIONSHIP V WHICH MEANS EMPLOYER MAY REASON. IT IS RELATIONSHIP I CONDUCT UNLES BY AN AUTHORIZ	VITH THIS OF THAT THE DISCHARGE FURTHER UMAY NOT BESSUCH CHAPED EXECUTE	RGANIZATION EMPLOYEE ME EMPLOYEE NDERSTOOD E CHANGED I NGE IS SPECIE VE OF THIS OF	WOULD BE OF AN IAY RESIGN AT ANY TIME AT THAT THIS "AT YOUR ANY WRITTEN FICALLY ACKNOWN AGANIZATION.  This leading, or inaccura	D, MY EMPLOYMENT  "AT WILL" NATURE,  ANY TIME AND THE  ND FOR ANY OR NO  WILL" EMPLOYMENT  DOCUMENT OR BY  LEDGED IN WRITING  te information given in my
application or interviall rules and regulation			understand, also, that	I am required to abide by
	ons of the emplo		Date	I am required to abide by
all rules and regulation	ons of the emplo	yer.		
all rules and regulation	ons of the emplo	yer.	Date	
Arrange Interview: Remarks	FOR PERS	SONNEL DEPA	Date	
Arrange Interview: Remarks	FOR PERS  Yes  PERVIEWER  Yes	SONNEL DEPA  No  No employment	Date  RTMENT USE ONLY  DATE	Y
Arrange Interview: Remarks  INTERPRETATION	FOR PERS  Yes  PERVIEWER  Yes  Hourly Ra	SONNEL DEPA  No  No employment_te/	Date  RTMENT USE ONLY  DATE  Date of	Y
Arrange Interview: Remarks  INTERPLEMENTAL INTERPLE	FOR PERS  Yes  PERVIEWER  Ves  Hourly Ra Salary	Downer Department Depa	Date  RTMENT USE ONLY  DATE  Date of  Pepartment	Y
Arrange Interview: Remarks  INTERPLEMENTAL INTERPLE	FOR PERS  Yes  FERVIEWER  Yes  Hourly Ra  Salary	SONNEL DEPA  No  No employment_te/	Date  RTMENT USE ONLY  DATE  Date of  Pepartment	Y

\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\*