

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

QCCI

APPLICATION FOR EMPLOYMENT (Continued)

Driver's license number required "only if driving may be required in the job for which you are applying":
Number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

References: Please list three references other than relatives.

Name _____

Position _____

Company _____

Address _____

Telephone () _____

Name _____

Position _____

Company _____

Address _____

Telephone () _____

Name _____

Position _____

Company _____

Address _____

Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

Please indicate if you are able to perform the essential functions of the job for which you have applied with or without a reasonable accommodation? ____ Yes ____ No.

If you answered "No" , please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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APPLICATION FOR EMPLOYMENT (Continued)

Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least:			

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least:			

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APPLICATION FOR EMPLOYMENT (Continued)

Work experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least:			

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least:			

May we contact your present employer? Yes No

May we contact your other employers? Yes No; If not, which employers may we contact? _____

Has any of your employers taken any disciplinary action against you in the last two years: Yes No

If yes, please explain the discipline and the reasons in detail: _____

PLEASE READ CAREFULLY



QUALITY CUSTOM CABINETRY, INC.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview as necessary in arriving at an employment decision.

I understand that this application remains current for only thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that 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, Quality Custom Cabinetry, Inc. may discharge the Employee at anytime with or without cause.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Quality Custom Cabinetry, Inc.'s company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Quality Custom Cabinetry, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Quality Custom Cabinetry, Inc.

I hereby give Quality Custom Cabinetry, Inc. permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release Quality Custom Cabinetry, Inc. from any liability as a result of such contact. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand that if offered a position at Quality Custom Cabinetry, Inc. that I will be responsible to submit to a drug screen test. I understand that if I test positive for the present of a prohibited substance that I will receive no further consideration for employment. Furthermore, I also understand that a refusal to submit to such a screening test or failure to cooperate fully in the testing process will constitute an immediate and voluntary withdrawal of my application for employment.

Signature of applicant _____ **Date:** _____

Quality Custom Cabinetry, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Quality Custom Cabinetry, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in Quality Custom Cabinetry, Inc.

