

Application for Employment

Western Millwork, Inc.

100 Midland Ave Ste 270, Glenwood Spgs, CO 81601
(970)-945-9755 FAX (970) 945-9566

Applicant Note: We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Personal Information

Date _____ Social Security # _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number _____ Referred by _____ Are you 18 years of age or older? Yes No

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____

Education

School	Name & Address of School	Course of Study	# Years Completed	Diploma/Degree
High School				
College				
Trade School				
Other				

Job-Related Skills

NOTE: Do not fill out any part of this section you believe to be non-job related.

Do you have a valid driver's license?

Name on license _____ DL# _____ Type _____ State of Issue _____

Have you had any driving violations? Please describe _____

Have you been convicted of a crime in the past seven years? _____ If so, please describe the incident below. _____

Please list any other skills, licenses or certificates that may be job related or of value to this job or company. _____

Please list any other non-work related activities: _____

Previous Employers

Most Recent Employer Are you currently working for this employer? _____
 If yes, may we contact? _____

PHONE ()
 FAX ()

Company Name _____ City _____ State _____

From _____ To _____ Last Job Title _____ Supervisor Name & Phone Number _____
DATES EMPLOYED

Duties _____

Wages _____ per _____ Reason for Leaving _____

Second Most Recent Employer

PHONE ()
 FAX ()

Company Name _____ City _____ State _____

From _____ To _____ Last Job Title _____ Supervisor Name & Phone Number _____
DATES EMPLOYED

Duties _____

Wages _____ per _____ Reason for Leaving _____

Third Most Recent Employer

PHONE ()
 FAX ()

Company Name _____ City _____ State _____

From _____ To _____ Last Job Title _____ Supervisor Name & Phone Number _____
DATES EMPLOYED

Duties _____

Wages _____ per _____ Reason for Leaving _____

References List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE #	POSITION	RELATIONSHIP

What are your future career goals? _____

Authorization

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during this employment.

Signature _____ Date _____