

# UNIQUE CABINETRY, INC.

4180 116<sup>TH</sup> Terrace North  
Clearwater, FL 33762  
Office 727-571-1131  
Fax 727-572-7665

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position(s) applied for \_\_\_\_\_

Date of application \_\_\_\_\_

Last name		First name		Middle name	
Address	Number	Street	City	State	Zip Code
Telephone numbers				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed by us?

Yes  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?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift work  Temp

Are you currently on "lay off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
AND A DRUG-FREE WORKPLACE**

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

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		From	To	
Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

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

<p>List professional, trade, business or civic activities and offices held.  <i>You may exclude membership that could reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>

# EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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, 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 change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given on 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.

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Signature of Applicant

Date

## REFERENCES

1.

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(Name)

(Address)

Phone Number

2.

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(Name)

(Address)

Phone Number

3.

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(Name)

(Address)

Phone Number

## INTERVIEWERS NOTES:

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