

Application For Employment

PERSONAL INFORMATION

Name:	Date:	
Address:	Phone:	
City:	State:	Zip:
Are you legally eligible to work in the United States?		

POSITION APPLYING FOR

Title:	Salary Desired:
Referred By:	Date Available:

EDUCATION

High School (Name, City, State)		
H.S. Diploma:	G.E.D:	Other:
Business or Technical School:		
Degree, Major:		
Undergraduate College:		

REFERENCES

Give names, addresses and phone #'s of three persons not related to you, whom you have known for at least one year.

Name:	Phone Number: ()	Years Acquainted:
Address:		
Name:	Phone Number: ()	Years Acquainted:
Address:		
Name:	Phone Number: ()	Years Acquainted:
Address:		

EMPLOYMENT INFORMATION

PRESENT OR LAST EMPLOYER

Company Name:			Telephone: ()	
Address:			Employed: Month and Year	
City:	State:	Zip:	From:	To:
Name of Supervisor:		Pay:	Starting: \$	Ending: \$
Job Title:			Reason for Leaving:	
Describe Job Duties:				

Company Name:			Telephone: ()	
Address:			Employed: Month and Year	
City:	State:	Zip:	From:	To:
Name of Supervisor:		Pay:	Starting: \$	Ending: \$
Job Title:			Reason for Leaving:	
Describe Job Duties:				

Company Name:			Telephone: ()	
Address:			Employed: Month and Year	
City:	State:	Zip:	From:	To:
Name of Supervisor:		Pay:	Starting: \$	Ending: \$
Job Title:			Reason for Leaving:	
Describe Job Duties:				

Please list any other skills: _____

EMPLOYMENT VERIFICATION REQUIRED

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application may result in discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision. I understand that I am to abide by all rules and regulations of the company, Bailey Cabinets, Inc.

Signature

Date

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below, and return to the Office Manager.)

I, _____, hereby authorize my prior employer, _____, to release any and all information relating to my employment with them to *Bailey Cabinets, Inc.* I further release and hold harmless both _____ and *Bailey Cabinets, Inc.*, from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Employee's Signature

Date

Employee's Name Printed



2800 W. Division St., Ste. C
Arlington, TX 76012
Office: (817) 277-4525
Fax: (817) 277-4591

Have you been convicted of a crime in the past ten years, excluding misdemeanors and offenses, which has not been annulled, expunged or sealed by a court?

Yes No

If **Yes**, please describe in detail.

Drivers License #: _____ State: _____

Date of Birth (Month/Day/Year): ____/____/____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Contact Number: () Secondary Contact Number: ()

Relationship to Contact: _____

First Name: _____ Last Name: _____

Contact Number: () Secondary Contact Number: ()

Relationship to Contact: _____

=====

Office Use Only:

Start Date: ____/____/____

Salary: _____

Department: _____

Supervisor: _____