



# APPLICATION FOR EMPLOYMENT

(WILL REQUIRE DRUG SCREEN AND PHYSICAL. \$42 CHARGE FOR DRUG SCREEN THAT WILL BE REFUNDED UPON 30 DAYS OF CONTINUOUS EMPLOYMENT.)

## **PERSONAL INFORMATION:**

LAST NAME: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_  
 MIDDLE INITIAL: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

ARE YOU 18 YRS. OR OLDER?  Yes  No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes  No

## **EMPLOYMENT DESIRED:**

POSITION: \_\_\_\_\_  
 DATE YOU CAN START: \_\_\_\_\_  
 SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW?  Yes  No

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

Yes  No

HAVE YOU APPLIED AT TRI-STAR CABINET IN THE PAST?

Yes  No

IF SO, WHEN?  
 REFERRED BY? \_\_\_\_\_

## **EDUCATION:**

GRAMMAR SCHOOL NAME: \_\_\_\_\_  
 GRAMMAR SCHOOL LOCATION: \_\_\_\_\_

NUMBER OF YEARS ATTENDED: \_\_\_\_\_

HIGH SCHOOL NAME: \_\_\_\_\_

HIGH SCHOOL LOCATION: \_\_\_\_\_

NUMBER OF YEARS ATTENDED: \_\_\_\_\_

SUBJECTS STUDIED: \_\_\_\_\_

DID YOU GRADUATE?  Yes  No

COLLEGE NAME: \_\_\_\_\_

COLLEGE LOCATION: \_\_\_\_\_

NUMBER OF YEARS ATTENDED: \_\_\_\_\_

SUBJECTS STUDIED: \_\_\_\_\_

DID YOU GRADUATE?  Yes  No

**GENERAL INFORMATION:**

LIST ANY SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_

(EXCLUDE ORGANIZATIONS WHEREAS THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN)

U.S. MILITARY SERVICE: \_\_\_\_\_

RANK: \_\_\_\_\_

ARE YOU A PRESENT MEMBER IN NATIONAL GUARD OR RESERVES?

Yes  No

**FORMER EMPLOYERS:**

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

SALARY: \_\_\_\_\_

POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_  
SALARY: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
START DATE: \_\_\_\_\_  
END DATE: \_\_\_\_\_  
SALARY: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES:**

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
BUSINESS: \_\_\_\_\_  
YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
BUSINESS: \_\_\_\_\_  
YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
BUSINESS: \_\_\_\_\_  
YEARS ACQUAINTED: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**AGREEMENT**

BY FORWARDING THIS APPLICATION TO TRI-STAR CABINET & TOP CO., INC. I CERTIFY THAT ALL INFORMATION ENTERED ABOVE IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGEEMENT CONTRARY TO THE FOREGOING.

ANY AND ALL PROSPECTIVE NEW HIRES ARE REQUIRED TO TAKE A DRUG SCREEN BEFORE BEING HIRED. THE COST OF THIS TEST IS \$42. THIS AMOUNT MUST BE PAID IN ADVANCE, TO TRI-STAR CABINET. IF THE DRUG SCREEN TEST COMES BACK NEGATIVE, YOU WILL BE REIMBURSED IN FULL AFTER 30 DAYS OF CONTINUOUS EMPLOYMENT WITH TRI-STAR CABINET. IF THE DRUG SCREEN TEST COMES BACK POSITIVE, YOU WILL NOT BE REIMBURSED. BY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF THE ABOVE MENTIONED INFORMATION AND FULLY UNDERSTAND IT.

SIGNATURE

DATE

\_\_\_\_\_  
\_\_\_\_\_