



## EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

LAST FIRST Middle

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Position: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Type of employment desired: Full time Part time Temporary Seasonal

Are you a citizen of the United States? yes no

If not, are you legally allowed to work in the United States yes no

Have you ever pled "guilty," "no contest," or been convicted of a crime? yes no

If yes, give dates and details: \_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic rejection for employment.*

*Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered*

Valid Drivers License? YES NO Drivers License # State

Who referred you to us? \_\_\_\_\_

### SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

### EDUCATION:

High School: \_\_\_\_\_ City/ State: \_\_\_\_\_

Did you Graduate yes no If No, # of years completed

College/University \_\_\_\_\_ City/State \_\_\_\_\_

Did you Graduate yes no If yes, Degree \_\_\_\_\_

625 E Agate Ave Granby, CO 80446  
PO Box 689 Winter Park, CO 80482  
Phone (970) 887-1300  
office@cabinworkscolorado.com

**REFERENCES:**

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you not been employed:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PREVIOUS EMPLOYMENT (begin with most recent position)**

Dates of Employment \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Starting Salary and Position: \_\_\_\_\_ Ending Salary and Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ yes \_\_\_\_\_ no

Dates of Employment \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Starting Salary and Position: \_\_\_\_\_ Ending Salary and Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ yes \_\_\_\_\_ no

*I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquires in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_