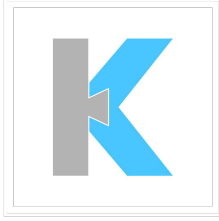


APPLICANT NAME:

DATE:



KABINET SOLUTIONS

Kay@KabinetSolutions.com • 408-201-9767

www.KabinetSolutions.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and program is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICATION INSTRUCTIONS

1. This application must be completed fully to be considered
2. Print legibly, (or type) and complete all sections of the application
3. Sign and date the application once it is completed

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Phone Number	Social Security Number	
Email Address	Position You Applying For	
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	Salary/Wage Request:	

How did you find out about this position?	When would you be able to start?
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Why do you feel you are qualified for this position?
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Are you currently employed?	If so, where?
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Do you use tobacco?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How long have you been at your present address?	Do you have a valid Driver's License? If Yes, are you insurable?
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Have you ever been convicted of any crime(s), either misdemeanor or felony (other than minor traffic infractions)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide thorough explanation:
<hr/>			

Activities and Interests (exclude any organization or society name of which indicates the race, religious creed, color, national origin or ancestry of its members).

List any other skills, qualifications or experience that may help in this position:

Describe yourself in 5 words
1. 2. 3. 4. 5.

What goal would you like to achieve in the next 5 years? (list below)

WORK EXPERIENCE

List your last 3 employers, include any military experience.

If presently employed may we contact your present employer? Yes ☐ No ☐

Current Position Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held	Date Started
Duties:			
Reason for Leaving:			Current Rate of Pay
If you could have changed anything at this job, what would you have changed?			

Next Position Name and Address		City, State Zip		
Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)
Duties:				
Reason for Leaving:			Final Rate of Pay	
If you could have changed anything at this job, what would you have changed?				

Next Position		Name and Address		City, State Zip	
Telephone	Name of Supervisor	Position Held	From(YY/MM)	To (YY/MM)	
Duties:					
Reason for Leaving:					Final Rate of Pay
If you could have changed anything at this job, what would you have changed?					
Please explain any gaps in your employment history:					
Have you ever been fired?					
Which of your jobs did you like best? And why?					

REFERENCES

Only list people you have known for more than a year.

Name	Length of Time Known	Phone	Email Address
Name	Length of Time Known	Phone	Email Address
Name	Length of Time Known	Phone	Email Address

EDUCATION

Name of School		Location of School	Graduated?		Completed Years / Mo.		Degree Received	Major Subject
High School			Yes	No				
Business or Trade School			Yes	No				
College or University			Yes	No				

Do you plan to continue your education? Yes ☐ No ☐ If Yes, When? _____

<i>PLEASE LIST ANY ADDITIONAL CABINETRY EXPERIENCE</i>	
<input type="checkbox"/> CAD drawings\blueprints	<input type="checkbox"/> flat-pack cabinetry
<input type="checkbox"/> setting-up and operating equipment	<input type="checkbox"/> verifying dimensions
<input type="checkbox"/> Commercial Installs	<input type="checkbox"/> Able to read and work from construction plans
<input type="checkbox"/> frameless cabinets	List any other Certificates here:
<input type="checkbox"/> Misc. Exp.	

RELEASE AND AUTHORIZATION STATEMENT

The information given is true and correct, and I understand that if I am offered employment, any misrepresentation, false statement, or omission found, will be sufficient cause to terminate my employment. I authorize the verification of any or all information as listed above. I understand that I may be required to successfully pass a background check and drug test, as a condition of employment. If employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I also understand that neither the application nor a commitment of employment by Kabinet Solutions, LLC, constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Kabinet Solutions, LLC. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit a new application in order to be considered for a position with Kabinet Solutions, LLC.

Applicant Name: _____

Applicant Signature: _____

Date: _____