

Quality Craft Wood Works Inc.

Job Application Form



Applicant Information					
Last Name *		First Name *		D.O.B	
Street Address			City		
ZIP	State		Phone *		
E-Mail Address *					
Date Available			Desired Salary		
Have you ever worked for this company before?		<input type="checkbox"/> yes <input type="checkbox"/> no	Desired work status?		<input type="checkbox"/> yes <input type="checkbox"/> no
Are you a citizen of the United States?		<input type="checkbox"/> yes <input type="checkbox"/> no	If no, are you authorized to work in the U.S.?		<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever committed a felony?		<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, explain		

Education			
High School			
High School			
From	To	Did you Graduate?	<input type="checkbox"/> yes <input type="checkbox"/> no
College			
College			
From	To	Did you Graduate?	<input type="checkbox"/> yes <input type="checkbox"/> no
Degree			
Other			
Other			
From	To	Did you Graduate?	<input type="checkbox"/> yes <input type="checkbox"/> no
Degree			

References	
Full Name	Relationship
Company	Phone
Address	

Qualifications

Licenses, Skills, Training, Awards

Previous Employment

Company 1

Address

Phone

Address

Job Title

Responsibilities

Starting Salary

Ending Salary

Start Date

End Date

Reason for leaving

Company 2

Address

Phone

Address

Job Title

Responsibilities

Starting Salary

Ending Salary

Start Date

End Date

Reason for leaving

Disclaimer *

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in forfeiture or termination of employment.

Signature *

Date