



Markay Cabinets, Inc.

P.O. Box 968

Poulsbo, WA 98370

Phone: 360-779-3443 Fax: 360-697-5594

www.markay.net

APPLICATION FOR EMPLOYMENT

(Please Print)

It is our policy to comply with all applicable state and federal laws discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.

Name _____ Date _____
(last) (first) (middle)

Address _____
(street) (city) (state) (zip code)

Home Phone _____ Cell Phone _____

Are you 18 years or older? [] Yes [] No

Have you ever worked for this company before? [] Yes [] No If yes, when? _____

Are you a U. S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [] Yes [] No

Do you have a valid Washington State Drivers License? [] Yes [] No

Do you have a physical or medical condition, which would limit your capacity for the job you are applying for? [] Yes [] No

If yes, what can be done to accommodate your limitation? _____

Have you ever been convicted of a felony? [] Yes [] No (Conviction will not necessarily disqualify an applicant.)

If yes, describe conditions: _____

Position applied for: _____ [] Full-time [] Part-time

Wage or salary desired _____ When can you start? _____
(you must state a desired salary to be considered)

Education	Name & Location of School	Year	Diploma/Degree
High School			
College/Univ.			
Vocational/Technical			

Other Training/Education:

Work History (List most recent employer first.)

Previous Employer: _____

Address/Phone: _____

<u>Employment dates</u>		<u>Starting Salary</u>		<u>Leaving Salary</u>	
From	To	\$	Per	\$	Per

Starting Position _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address/Phone: _____

<u>Employment dates</u>		<u>Starting Salary</u>		<u>Leaving Salary</u>	
From	To	\$	Per	\$	Per

Starting Position _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address/Phone: _____

<u>Employment dates</u>		<u>Starting Salary</u>		<u>Leaving Salary</u>	
From	To	\$	Per	\$	Per

Starting Position _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address/Phone: _____

<u>Employment dates</u>		<u>Starting Salary</u>		<u>Leaving Salary</u>	
From	To	\$	Per	\$	Per

Starting Position _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Please list any employers that you DO NOT want us to contact when conducting a reference check.

Do not contact: _____
Reason: _____

Do not contact: _____
Reason: _____

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

Professional References: (Do not list any friends or relatives.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>	<u>Years Known</u>

If you have listed your current employer, may we contact them after a job offer has been extended and accepted?
 Yes No

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I understand that employment at this company is “at will”, which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Date _____

Applicant’s Signature _____



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REFERENCE VERIFICATION

This person has applied for a position with Markay Cabinets and has listed you as a professional reference. We would appreciate your verification of their employment history with your company. Kindly fax your completed form to 360-697-5594. Thank you!

You are hereby authorized to provide Markay Cabinets with the information requested on this form.

SIGNATURE:

NAME:

Employment Dates:

Reason For Leaving:

Please rate the following:

	Excellent	Average	Poor
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligible for Rehire?

- Yes
- No

Additional Comments:

Prepared by:

Company:

Date: