



WOODLINE CABINETS

5165 Fulton Drive
Fairfield, CA 94534

Ph: (707) 864-5445
Fax: (707) 864-5885

Office Use Only	
Start Date:	
Rate of Pay:	
Approved by:	

Application for Employment (Please Print)

WOODLINE CABINETS is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. PERSONAL INFORMATION:

Last Name: First Name: Middle Name:

Present Address (Street Address, City, and Zip Code)

Permanent Address (if other than above)

Social Security Number: Telephone: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, green card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

- Office Skills:** PC/Mac Cabinet Vision Excel Word Access
WPM _____ NPM _____ Other: _____
- Whse/Cabinet Skills** Forklift Class A Driver Tape Measure Face Frame
 Doors Assembly Sanding Finishing (Use Sprayer)
 Body Stock Wide Belt Sander Edgebander Moulder/Shaper
 Table Saw Beam Saw Chop Saw CNC Point-to-Point

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

2. Do you have any relatives who are presently (or have formerly been) employed by WOODLINE CABINETS? _____

3. How were you referred to WOODLINE CABINETS? _____

4. Have you ever been convicted of a felony? Yes: No: If yes, please explain: _____

5. California's Driver License Number: _____ Expiration Date: _____

II. Educational History:

	School Name/Location	Years Completed	Degree/Diploma
Elementary/Jr./High			
High School			
College			
Tech. Training			
Other			

III. Employment Record *Please include all employment for the last five years. Most recent first.*

1. _____

Company Name: _____ Position Held: _____

Address: _____ Dates of Employed From: _____ To: _____

Manager/Supervisor: _____ Telephone Number: _____ Salary: _____

Reason for Leaving: _____

2. _____

Company Name: _____ Position Held: _____

Address: _____ Dates of Employed From: _____ To: _____

Manager/Supervisor: _____ Telephone Number: _____ Salary: _____

Reason for Leaving: _____

3. _____

Company Name: _____ Position Held: _____

Address: _____ Dates of Employed From: _____ To: _____

Manager/Supervisor: _____ Telephone Number: _____ Salary: _____

Reason for Leaving: _____

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and the reason for the exclusion:

Employer's Name: Reason: _____

Employer's Name: Reason: _____

IV. Consent to Drug & Alcohol Test

I consent to allow WOODLINE CABINETS to collect urine and/or blood specimens from me for testing of alcohol, drug and controlled substances. I also give my consent for the release of the test results to appropriate management employees of WOODLINE CABINETS. I understand that if I decline to sign this consent to take the test, my application for employment may be rejected, or my employment with WOODLINE CABINETS may be terminated.

Agreed To:

Date: Applicant's Signature _____

Refused To:

Date: Applicant's Signature: _____

Reason for Refusal:

V. References: Please do not include relatives or former employers.

Name: _____ Years Known: _____

Address: _____ Telephone Number: _____

Name: _____ Years Known: _____

Address: _____ Telephone Number: _____

Name: _____ Years Known: _____

Address: _____ Telephone Number: _____

VI. Work Availability

- 1. If your application receives favorable consideration, when will you be available to work? Yes No
- 2. Do you have any objection to working overtime? Yes No
- 3. Do you have a valid driver's license and car insurance? Yes No
- 4. Can you work on Saturday? Yes No
- 5. Can you work on Sunday? Yes No
- 6. Can you travel if required by this position? Yes No
- 7. Do you have any questions about the job descriptions? Yes No
- 8. Can you perform these job functions with or without reasonable accommodations? Yes No

Please explain: _____

I understand that if I ever do need an accommodation, it will be my responsibility to inform management.

VII. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

_____ Per _____

I certify that the information provided above is factual and complete. I also understand that falsification of prior employment records could result in termination.

Applicant's Signature

Date

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. CONSENT TO CONDUCT BACKGROUND INVESTIGATION

As a condition of and in consideration for WOODLINE CABINETS consideration of this application, I give permission to WOODLINE CABINETS to investigate my personal (including credit) and employment history. I understand that this background investigation will include, but not to be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to WOODLINE CABINETS to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. CONSENT TO CONTACT PAST EMPLOYERS

I give permission to WOODLINE CABINETS to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with WOODLINE CABINETS consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based on statements they make to any representative of WOODLINE CABINETS. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to WOODLINE CABINETS. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I give permission to any agent, attorney or representative of WOODLINE CABINETS to receive a copy of any information obtained in the file of any federal, state or local court, government agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate WOODLINE CABINETS as my agent for receipt of information. I understand that the scope of this investigation will be limited criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. COOPERATE WITH INVESTIGATION

I agree to fully cooperate in WOODLINE CABINETS background investigation and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. FALSIFICATION STATEMENT

I understand that falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. EMPLOYMENT “AT WILL”

In consideration of my employment, I agree to conform to the rules and regulations of WOODLINE CABINETS and my employment and compensation is “at will” in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either WOODLINE CABINETS or myself, except as otherwise provided by law. I understand that no manager or representative of WOODLINE CABINETS other than the Vice President(s) or the President of WOODLINE CABINETS has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contact the forgoing, and that any promised to the contrary will only be relied upon by me if they are in writing and signed by the Vice President(s) or by the President of WOODLINE CABINETS

7. ATTORNEY FEE PROVISION

In the event of any litigation between the parties the prevailing parties shall be entitled to an award of reasonable attorney fees in addition to any other relief awarded by the court.

Applicant’s Signature

Date