

Ghent Wood Products, Inc.

Application for Employment

Personal Information:

Name (Last, First):		Social Security Number:		Date:
Present Address:		City:	State:	Zip Code:
Permanent Address:		City:	State:	Zip Code:
Phone Number:	Are you over 18?	<input type="checkbox"/> Yes <input type="checkbox"/>	Referred By:	

Employment Desired:

Position Wanted:		Date Available:	Salary Desired:	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where:	When:	

Education History:

Name & Location	Years	Date	Majors, Minors, Points of Interest
High School			
College			
Trade, business, or correspondence school			

General Information:

Special Studies/ Research Work/ Area of Interest:		
Special Training/ Skills:		
US Military or Naval Service and dates:	Highest Rank:	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

Past Work History

(List last four employers, starting with the last one first)

Date (Month/Year)	Name of Last Employer & Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

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References:

Name:	Address:	Business	Phone:	Yrs Known

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Signature

_____ **Do Not Write Below This Line** _____

Date

Interviewed By

Remarks:

Neatness:		Personality:		Character:		Ability:	
Hired:	Dept:	Position:	Report Date:	Salary:	Part Time/Full Time:		