

The Whitfield Co., Inc. EMPLOYMENT APPLICATION

DATE _____

PERSONAL INFORMATION

NAME (Last) (First) (Middle)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS (No. & Street) (CITY) (STATE) (ZIP CODE)			HOME TELEPHONE ()	
PERMANENT ADDRESS (No. & Street) (CITY) (STATE) (ZIP CODE)			Email Address	
POSITION APPLIED FOR		REFERRAL SOURCE <input type="checkbox"/> News Paper <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> Walk In <input type="checkbox"/> Employee _____		CELLULAR PHONE ()
POSITION APPLIED FOR <input type="checkbox"/> Project Manager <input type="checkbox"/> Assistant Project Manager <input type="checkbox"/> Senior Cabinetmaker <input type="checkbox"/> Finisher <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Senior Cabinetmaker <input type="checkbox"/> Shop Assistant			Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LIST HOBBIES AND INTERESTS			ARE YOU ABLE TO SUCCESSFULLY COMPLETE THE IMMIGRATION REFORM AND CONTROL ACT FORM I-9 TO INDICATE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

TYPE OF SCHOOL	SCHOOL NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	MAJOR/MINOR COURSE	GRADUATE? GIVE DEGREE
HIGH SCHOOL				
TRADE SCHOOL				
COLLEGE				
OTHER				

EMPLOYMENT HISTORY

Indicate only skills or experience you consider relevant to job you are applying for and how you acquired them.

EMPLOYER'S NAME AND ADDRESS (LIST MOST RECENT FIRST)	DATES		SALARY	POSITION OR JOB TITLE	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
	MONTH	YEAR				
1.	FROM	YEAR	START			
	TO		LAST			
2.	FROM	YEAR	START			
	TO		LAST			
3.	FROM	YEAR	START			
	TO		LAST			
4.	FROM	YEAR	START			
	TO		LAST			
5.	FROM	YEAR	START			
	TO		LAST			
6.	FROM	YEAR	START			
	TO		LAST			

Note: If resume is not submitted with this application, give narrative description of jobs on back, listing duties, responsibilities, etc.

Use reverse side for any additional information and remarks.

I authorize the verification of all statements contained on this application or attached resume. I understand that I may be required, subject to applicable law, to take a pre-employment drug test as part of my application for employment.

SIGNATURE _____

INTERVIEWED BY _____