

Lakewood Cabinetry Inc.

Employment Application

Position applying for _____

First Name: _____ M.I. _____ Last Name: _____ SS#: _____

Date of Birth: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Driver's License Number: _____ State: _____

Education/Qualifications:

High school _____ Graduation Date ____/____/____

College _____ Degrees Earned _____

Other Qualifications: _____

Pay requirement: _____

Professional Reference: _____

Street Address _____ City _____ State _____ Zip _____

Contact Name: _____ Phone: _____

Professional Reference: _____

Street Address _____ City _____ State _____ Zip _____

Contact Name: _____ Phone: _____

Previous Employers: *(List all employers for the past 15 years, beginning with most recent. Use extra paper if necessary)*

Name of Company or Organization _____ **Position Held:** _____

Street Address _____ City _____ State _____ Zip _____

Phone: _____ Your Position: _____ Supervisor's Name: _____

Dates of Employment ____/____/____ to ____/____/____ Reason for leaving _____

Name of Company or Organization _____ **Position Held:** _____

Street Address _____ City _____ State _____ Zip _____

Phone: _____ Your Position: _____ Supervisor's Name: _____

Dates of Employment ____/____/____ to ____/____/____ Reason for leaving _____

Previous Employers continued:

Name of Company or Organization _____ **Position Held** _____

Street Address _____ City _____ State _____ Zip _____

Phone: _____ Your Position: _____ Supervisor's Name: _____

Dates of Employment ____/____/____ to ____/____/____ Reason for leaving _____

Name of Company or Organization _____ **Position Held** _____

Street Address _____ City _____ State _____ Zip _____

Phone: _____ Your Position: _____ Supervisor's Name: _____

Dates of Employment ____/____/____ to ____/____/____ Reason for leaving _____

Have you ever been convicted of a felony? : YES NO If yes, explain conviction: _____

Have you ever been convicted of a sex crime? : YES NO

If yes, are you registered with the Oklahoma Sex Offender Registry? YES NO

By signing I give to Lakewood Cabinetry Inc. the right to obtain public records, credit information, criminal records and verify references. I represent that all information that I submit to Lakewood Cabinetry Inc. in support of my application is true and complete. I understand that false information and omissions, in whole or in part, in support of my application, are likely to subject me to immediate discharge at any time during the period of employment, should I be hired. I authorize Lakewood Cabinetry Inc. to verify any and all information concerning my work experience, and education with the appropriate individuals, companies, institutions or agencies, and I authorize them to release records or summaries thereof without any obligation to provide me written notice of such disclosure. I will hold Lakewood Cabinetry Inc. and such persons or entities harmless of any liability whatsoever as a result of such disclosure.

Please Print your name _____

Applicant Signature _____ **Date** ____/____/____