

STARMARK CABINETRY Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-related medical condition or handicap, or any other legally protected status.

Please print neatly! Thank you.

Position(s) Applied For	Shift Applied For <input type="checkbox"/> Day <input type="checkbox"/> Evening	Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> TV/Radio/Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Sign/Billboard
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Website
<input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	Number	City
		State
		Zip Code
Telephone Number(s)		Social Security Number

- Are you 18 years of age or older? Yes No
- Have you ever filed an application with us before? Yes Date _____ No
- Have you ever worked with us before? Yes Date _____ No
- On what date would you be available for work? _____
- Are you available to work: Full Time Temporary
- Have you been convicted of a felony within the last 7 years? No Yes *Please explain below.*

Conviction will not necessarily disqualify an applicant from employment.

Please provide your complete **Employment History**. Attach an additional sheet if you need more room. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Education

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship skills and extra-curricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

References

Provide name, address and telephone number of two references who are not related to you and are not previous employers.

1. _____

2. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I authorize StarMark to perform a background check and procure a consumer report on me for employment purposes. This report may include, but not limited to, information regarding my criminal history, civil history/records, government filings affecting employment; and any other public record. I further authorize any person, business entity or government agency that may have information relevant to the above to disclose the same to StarMark by and through its agents including, but not limited to, public agencies, law enforcement agencies, and credit bureaus. I understand that this release shall remain in affect for the duration of my employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an Equal Opportunity Employer, we comply with government regulations. In order to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the employment data record.

This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment.

Your cooperation is voluntary.

Name: _____
First MI Last

Date: _____

Government agencies at times require periodic reports on sex, ethnic origin, handicap, veteran status and other protected status of applicants. This data is for analysis and possible affirmative action only. Submission of information is voluntary.

Check one of the following: Male Female

Check one of the following:
(Race / Ethnic Group) White Black or African American
 Hispanic or Latino Asian
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Unspecified Two or More Races

Check if any of the following are applicable:
 Vietnam Era Veteran Disabled Veteran Handicapped