

SOMERSET HARDWOOD FLOORING

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For				Date of Appli	cation		
How did you learn about us?							
○ Advertisement ○	Employment Agency		○ Relative	○ Frie	nd	O Inquiry	
Other							
Last Name	First Name			Middle Na	mo		
Last Ivallie	Tirst Name			Wildale No	iiie		
Address		City	1		State	Zip	
Phone Number(s)			Social Security	Number			



GENERAL INFORMATION

Best time to contact you at home is:			am :pm		
If you are under 18 years of age, can you provide required proof of your eligibility to work?			Yes	No	
Have you ever filed an application with us before?	If Yes, give	date	Yes	No	
Have you ever been employed with us before?				No	
Do any of your friends or relatives, other than spouse, w	ork here?		Yes	No	
Are you currently employed?			Yes	No	
May we contact your present employer?			Yes	No	
Are you prevented from lawfully becoming employed in of Visa or Immigration Status? Proof of citizenship or immigration upon employment.	Yes	No			
Date available for work://	What is your desired salary range?			\$	
	Full-Time	Ple	lease Indicate Shift		
		1	2	3	
Are you available to work:	Part-Time		Please Indicate		
The year available to work.	Tart Time	Morning	Afternoon	Evening	
Temporary —			Please Indicate Dates Available		
	/	//			
Are you currently on "lay-off" status and subject to recal	Yes	No			
Can you travel if a job requires it?				No	
Have you been convicted of a felony within the last five years? A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.				No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree			
Elementary School							
High School							
Undergraduate College							
Graduate Professional							
Other (Specify)							
Describe any specializ	zed training, apprenticeship, skills a	nd extra-curricular activitie	es.				
Describe any job-related training received in the United States military.							



EMPLOYMENT EXPERIENCE

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, disabilities or other protected status.

	Employer		Dates Employed		Work Performed	
			From	То	Work Performed	
	Address					
1	Phone Number		Hourly Rate/Salary			
ı			Starting	Final		
	Job Title	Supervisor				
			_			
	Reason for Leavi	ng				
	Employer		Dates E	mployed	Work Performed	
			From	То	Work i errormed	
	Address					
Phone Number			Hourly Rate/Salary			
_			Starting	Final		
	Job Title	Supervisor				
	Reason for Leavi		-			
	Reason for Leavii	ig				
	Employer		Dates Employed		Work Performed	
			From	То	Work Ferformed	
	Address					
Phone Number			ate/Salary			
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	Job Title	Supervisor				
	Reason for Leavi]	_			
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EMPLOYMENT EXPERIENCE

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	Employer		Dates E	mployed	W 15 6
			From	То	Work Performed
	Address				
Л	Phone Numb	er	Hourly Ra	ate/Salary	
4			Starting	Final	
	Job Title	Supervisor			
	Reason for Le	eaving			
	Employer		Dates F	mployed	
	Lilipioyei		From	То	Work Performed
	Address		TTOITI	10	
	/ tadicss				
	Phone Numb	er	Hourly Rate/Salary		
5			Starting Final		
	Job Title	Supervisor	J. G.	1	
		·			
	Reason for Leaving				
List professi	ional, trade, bus	iness or civic activities	and offices hel	d.	lisability or other protected status:
You may exclud	le membership which	would reveal gender, race, re	eligion, national orig	jin, age, ancestry, d	isability or other protected status:



ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.					
Speciali	ized Skills (Check S	kills/Equipment Operated)			
O Ter	minal	○ Spreadsheet	Production/Mobile Machinery (list)	Othe	r (list)
O PC	/Mac	Word processing			
○ Тур	oing	○ Shorthand			
	ORDS PER MINUTE	WORDS PER MINUTE		_	
				_	
		OT ANSWER THIS QUESTIC		N INFORMED A	BOUT THE
REQUIR	EMENTS OF THE C	IOB FOR WHICH YOU ARE A	APPLYING.		
reasona for whic	ble accommodatio	ning in a reasonable manner, n, the activities involved in th ? A review of the activities inven.	e job or occupation	Yes	No
Referer	nces				
4	Name:		Phone:		
1	Address:				
2	Name:		Phone:		
	Address:				
3	Name:		Phone:		
3	Address:				

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 one (1) year. 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 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

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