



471 Nursery Road Corbin, KY 40701
 Phone 606-528-3648 1-800-425-0899 Fax: 606-523-2415 or 528-5487
www.stidhamcabinet.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without discrimination based on race, color, religion, gender, national origin, age, disability, and any other legally protected status. Stidham Cabinet requires Drug Screening and Criminal Background Checks.

(PLEASE PRINT)

Position Applied for	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

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? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No
 May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Temporary

Employment Experience

Start with your present or last job, and list your complete employment history.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER*

Specialized Skills: Check Skills/Equipment Operated

Production/Mobile			
<input type="checkbox"/> Excel	<input type="checkbox"/> Fax	Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Word	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> MAS 90	_____	_____	_____

References

1.	_____ () _____
(Name)	Phone #
_____	_____
(Address)	
2.	_____ () _____
(Name)	Phone #
_____	_____
(Address)	
3.	_____ () _____
(Name)	Phone #
_____	_____
(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____

	Date _____

