

APPLICATION FOR EMPLOYMENT

Cabinet Masters, Inc.

An Equal Opportunity Employer

Cabinet Masters, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age or physical or mental disability, or on any other basis prohibited by federal, state or local law. Applicants may request reasonable accommodations to participate in the application process.

PERSONAL INFORMATION

Name: _____
Last First Middle Alias

Current Address: _____
Street City State Zip How Long?

Previous Address: _____
Street City State Zip How Long?

Tel: _(_____) _____ - _____ - _____
Social Security Number

Have you ever applied here before? _____, if so, when? _____
Yes No Date

Driver's License Number: _____ State: _____ Referred By: _____

Have you ever been arrested, convicted of, plead guilty or "no contest" to a felony or misdemeanor other than a minor traffic offense? (Exclude offenses that have been expunged) Yes _____ No _____ If yes, please explain fully, including the nature of the offense, date of conviction and/or plea and sentence imposed. (This information will not necessarily bar an applicant from employment)

Are you legally eligible for employment in this country? Yes _____ No _____

All offers of employment are contingent upon verification of employment eligibility under the provisions of the Immigration Reform and Control Act of 1986.)

EMPLOYMENT DESIRED

Position: _____ Date Available: ____/____/____

Type of employment desired: ___ Full Time ___ Part Time

Are you able to meet the attendance requirements? Yes ___ No ___ Available to work overtime? Yes ___ No ___

Starting pay desired: _____

<u>EDUCATION</u>	Name & Address of School	Last Year Completed	Did You Graduated?	Subjects Studied and Degree Received
High School				
College / Post College				
Trade School				

What do you know about Cabinet Masters? Whom did you hear it from? _____

What do you like about woodworking? _____

Why should we hire you? _____

Describe a situation in previous employment when your actions made a big difference: _____

FORMER EMPLOYERS List below current and last three employers, starting with most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Complete even if resume is attached.

Date (MM/YYYY)

From	Current Emp (Name, Address, Type)	Salary or Hourly Starting: \$ _____ Ending: \$ _____ Hour Per Week: _____	Position
To			
Duties Performed			
Supervisors Name		Phone Number	May We Contact?
Reason for Leaving			
From	Previous Employer	Salary or Hourly Starting: \$ _____ Ending: \$ _____ Hour Per Week: _____	Position
To			
Duties Performed			
Supervisors Name		Phone Number	May We Contact?
Reason for Leaving			
From	Previous Employer	Salary or Hourly Starting: \$ _____ Ending: \$ _____ Hour Per Week: _____	Position
To			
Duties Performed			
Supervisors Name		Phone Number	May We Contact?
Reason for Leaving			

From	Previous Employer	Salary or Hourly	Position
To		Starting: \$ _____ Ending: \$ _____ Hour Per Week: _____	
Duties Performed			
Supervisors Name	Phone Number	May We Contact?	
Reason for Leaving			

PERSONAL REFERENCES Give the name of three references, not related to you, whom you have known for at least one year.

Name	Address & Phone Number	Occupation	Yrs. Known

I hereby authorized Cabinet Masters, Inc to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorized persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Cabinet Masters, Inc. to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims from providing such information. I understand that misrepresentation or omissions of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Cabinet Masters, Inc. I understand that nothing contained in this application, or conveyed during any interview, which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Cabinet Masters, Inc. to hire me. ***I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Cabinet Masters, Inc. at any time without prior notice for any reason.*** I understand that just as I am free to resign at any time, Cabinet Masters Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Cabinet Masters, Inc. has the authority to make any assurances to the contrary. I hereby release from liability Cabinet Masters, Inc. and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information. This application is current for 12 months. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that any offer of employment is contingent upon a medical evaluation, that I am able to perform the essential functions of the job, with or without reasonable accommodations, and as part of that medical evaluation, I will be required to pass a drug screen and am hereby liable for all fees incurred for drug screening should I test positive for any illegal drugs. (Refer to company policy)

I certify that all statements herein are true and it is understood and agreed upon that any misrepresentation by me in this application will be sufficient for cancellation of this application and/or separation from the service of Cabinet Masters, Inc. if I have been employed.

_____ / _____ / _____
Signature of Applicant Date

APPLICATION FOR EMPLOYMENT - SECTION TWO

Name: _____
Last First Middle

SKILLS AND QUALIFICATIONS

CHECK ALL OF THE ITEMS YOU ARE TOTALLY COMPETENT IN SAFELY HANDLING OR OPERATING, WITH OR WITHOUT REASONABLE ACCOMODATIONS

OFFICE

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> MS Outlook | <input type="checkbox"/> AutoCAD 2007-2009 | <input type="checkbox"/> Act! |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Cabinet Mfg. Software | <input type="checkbox"/> Desktop Publishing (list below) |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> Inventor II | <input type="checkbox"/> Visual Basics |
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Sigmanest | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Alphacam | |

PRODUCTION

- | | |
|---|---|
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Blueprint Reading |
| <input type="checkbox"/> Production Spray Equipment | <input type="checkbox"/> Metric System, Experience |
| | <input type="checkbox"/> Read English and/or Metric tape measure or ruler |

TRANSPORTATION

- | |
|---|
| <input type="checkbox"/> Class A CDL |
| <input type="checkbox"/> Class B CDL |
| <input type="checkbox"/> Straight Truck 24' w/ air brakes |

HAND TOOLS

- | | | |
|---|---|---|
| <input type="checkbox"/> Drill Motor | <input type="checkbox"/> Handbelt Sander | <input type="checkbox"/> Hand Router |
| <input type="checkbox"/> Dovetail Jig | <input type="checkbox"/> Lamello Splinting Tool | <input type="checkbox"/> Jigsaw |
| <input type="checkbox"/> Sawzall | <input type="checkbox"/> Power Planer | <input type="checkbox"/> Door Hinge Router & Template |
| <input type="checkbox"/> Pnuematic Nailer | <input type="checkbox"/> Hand Clamps | <input type="checkbox"/> Orbital Sander |
| <input type="checkbox"/> In-line Sander | <input type="checkbox"/> Hand Plane | <input type="checkbox"/> Wood Chisels |
| <input type="checkbox"/> Skilsaw | <input type="checkbox"/> Mortise Router | <input type="checkbox"/> Micrometer |
| <input type="checkbox"/> Vernier Caliper | | |

HAND TOOLS

- | | | |
|--|---|--|
| <input type="checkbox"/> CNC Machining Center | <input type="checkbox"/> Drillpress | <input type="checkbox"/> Ayen 32mm Drilling Unit |
| <input type="checkbox"/> Dowel Insertion | <input type="checkbox"/> Continous Edgebander | <input type="checkbox"/> Spindle Sander |
| <input type="checkbox"/> Bandsaw | <input type="checkbox"/> Unisaw | <input type="checkbox"/> Altendorf Sliding Panel Saw |
| <input type="checkbox"/> CNC Panel Saw | <input type="checkbox"/> Crosscut Saw | <input type="checkbox"/> Chopsaw |
| <input type="checkbox"/> Vertical Panel Saw | <input type="checkbox"/> Cut-off Saw | <input type="checkbox"/> Straight-Line Rip Saw |
| <input type="checkbox"/> Resaw | <input type="checkbox"/> Spindle Shaper | <input type="checkbox"/> Sliding Table Shaper |
| <input type="checkbox"/> Tilting Arbor Shaper | <input type="checkbox"/> Pin Router | <input type="checkbox"/> 7 Head Molder |
| <input type="checkbox"/> Profile Knife Grinder | <input type="checkbox"/> Jointer | <input type="checkbox"/> Thickness Planer |
| <input type="checkbox"/> Frequency Gluer | <input type="checkbox"/> Workrite Welder | <input type="checkbox"/> Case Clamp |
| <input type="checkbox"/> Wide Belt Sander | <input type="checkbox"/> Stroke Sander | <input type="checkbox"/> In-Line Vibration Sander |
| <input type="checkbox"/> Laminate Slitter | <input type="checkbox"/> Toekick Notcher | <input type="checkbox"/> Wood Lathe |
| <input type="checkbox"/> Machine Tool Lathe | <input type="checkbox"/> Panel Glue Spreader | <input type="checkbox"/> Diehl Veneer Splicer |
| <input type="checkbox"/> Kuper Veneer Splicer | <input type="checkbox"/> Veneer Guillotine | <input type="checkbox"/> Veneering Hot Press |
| <input type="checkbox"/> Cold Press | <input type="checkbox"/> Frame Press | <input type="checkbox"/> Double Miter Saw |
| <input type="checkbox"/> Edgesander | <input type="checkbox"/> Vacuum Press | |

Please list any information that relates to your ability to perform the job which you have applied for, such as professional memberships, trade seminars or class completion certificates, hobbies, etc: _____

APPLICATION FOR EMPLOYMENT - SECTION THREE

DISCLOSURE REGARDING CONSUMER REPORTS

Please be advised that one or more consumer reports may be obtained by Cabinet Masters, Inc. and/or its parent, affiliate, or subsidiary companies (collectively, "Cabinet Masters, Inc.") for employment purposes prior to any offers of employment and prior to other employment decisions including decisions regarding promotion, reassignment or retention as an employee. These consumer reports may contain information concerning your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

These consumer reports may also include investigative consumer reports, including information obtained through interviews and concerning your character, general reputation, personal characteristics, and mode of living. If Cabinet Masters, Inc. obtains an investigative consumer report, you may request in writing a complete and accurate disclosure of the nature and the scope of the investigation requested in the investigative consumer report. You may also request, in writing, a written summary of your rights under the Fair Credit Reporting Act.

CONSENT TO OBTAINING CONSUMER REPORTS
READ CAREFULLY BEFORE SIGNING

- 1) I have read the above "Disclosure Regarding Consumer Reports" and hereby authorized Cabinet Masters, Inc. and/or its parent, affiliate, or subsidiary companies (collectively, "Cabinet Masters, Inc.") to obtain consumer reports, including investigative consumer reports, concerning me for employment purposes, which purposes include evaluating me for employment, promotion, reassignment or retention as an employee, or any other employment purpose, at all times during the pendency of my employment application and, if I am hired, throughout the duration of my employment period. If I am hired, this authorization shall remain on file and shall serve as ongoing authorization for Cabinet Masters, Inc. to procure consumer reports, including investigative consumer reports, for lawful purposes anytime during my employment period.

- 2) I hereby authorize any present or former employers, consumer reporting agencies, education institutions, criminal justice agencies, department of motor vehicles, public agencies, financial institutions, or any other person or agency having knowledge of me to relate information or opinion about myself, including data received from other sources, in order that I may be evaluated for employment purposes. I hereby release these persons and/or organizations from any and all liability for damages of whatever kind of nature, whether known or unknown, which may at any time accrue to me on account of information obtained pursuant to this authorization.

Social Security Number

Signature

Drivers License Number

Print Name

Date

REFERENCE RELEASE FORM

Former Employer: _____

Applicant Name: _____

Social Security Number: _____ Dates Employed: _____

The above named applicant is being considered for employment with Cabinet Masters, Inc. and has listed your organization as a former employer. When it comes to hiring a new employee, there is no question that input from a former employer is invaluable. As a leading manufacturer of woodwork, it is crucial that each employee we hire has the right qualifications and work experience to perform as needed. We would greatly appreciate your completing this Verification and Reference Check form and returning it to us. Thank you for your contribution to the Cabinet Masters, Inc. Quality Assurance Process.

APPLICANT'S AUTHORIZATION

I consent to and authorized the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including, but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information

Signature: _____ Date _____ / _____ / _____

APPLICANT DO NOT WRITE BELOW THIS LINE

Position Held: _____ Dates of Employment: _____

Essential Duties Summary: _____

Reason For Leaving: _____

Salary at Termination: _____ Eligible for Re-Hire: Yes _____ No _____

Evaluation: 5 = Greatly Exceed Expectations, 4 = Somewhat Exceeded Expectations, 3 = Met Expectations, 2 = Failed to meet expectations, 1 = Unacceptable, 0 = Not Applicable

	5	4	3	2	1	0	Additional Comments:
Attendance	___	___	___	___	___	___	_____
Punctuality	___	___	___	___	___	___	_____
Quality of Work	___	___	___	___	___	___	_____
Productivity	___	___	___	___	___	___	_____
Job Knowledge	___	___	___	___	___	___	_____
Accuracy	___	___	___	___	___	___	_____
Adaptability	___	___	___	___	___	___	_____
Initiative	___	___	___	___	___	___	_____
Dependability	___	___	___	___	___	___	_____
Attitude	___	___	___	___	___	___	_____
Overall Performance	___	___	___	___	___	___	_____

Comments: _____

Signature: _____ Title _____ Date _____

REFERENCE RELEASE FORM

Former Employer: _____

Applicant Name: _____

Social Security Number: _____ Dates Employed: _____

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Signature: _____ Date _____ / _____ / _____

APPLICANT DO NOT WRITE BELOW THIS LINE

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Essential Duties Summary: _____

Reason For Leaving: _____

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	5	4	3	2	1	0	Additional Comments:
Attendance	___	___	___	___	___	___	_____
Punctuality	___	___	___	___	___	___	_____
Quality of Work	___	___	___	___	___	___	_____
Productivity	___	___	___	___	___	___	_____
Job Knowledge	___	___	___	___	___	___	_____
Accuracy	___	___	___	___	___	___	_____
Adaptability	___	___	___	___	___	___	_____
Initiative	___	___	___	___	___	___	_____
Dependability	___	___	___	___	___	___	_____
Attitude	___	___	___	___	___	___	_____
Overall Performance	___	___	___	___	___	___	_____

Comments: _____

Signature: _____ Title _____ Date _____

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Former Employer: _____

Applicant Name: _____

Social Security Number: _____ Dates Employed: _____

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Signature: _____ Date _____ / _____ / _____

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	5	4	3	2	1	0	Additional Comments:
Attendance	___	___	___	___	___	___	_____
Punctuality	___	___	___	___	___	___	_____
Quality of Work	___	___	___	___	___	___	_____
Productivity	___	___	___	___	___	___	_____
Job Knowledge	___	___	___	___	___	___	_____
Accuracy	___	___	___	___	___	___	_____
Adaptability	___	___	___	___	___	___	_____
Initiative	___	___	___	___	___	___	_____
Dependability	___	___	___	___	___	___	_____
Attitude	___	___	___	___	___	___	_____
Overall Performance	___	___	___	___	___	___	_____

Comments: _____

Signature: _____ Title _____ Date _____