

Abilene Millwork

Phone (325) 677-8856

Fax (325) 677-5101



PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

Are you over the age of 18? _____

Are you authorized to work in the United States? _____

Position applied for _____

Wage desired _____
 (Be specific)

How many hours can you work weekly? _____

Are you able to work overtime if needed? _____

When are you available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Date

Abilene Millwork

Attention: Franz Hallgren

Dear Abilene Millwork:

I am aware that motor vehicle and background check reports may be obtained as part of Abilene Millwork's evaluation of my job application and/or employment. The reports may be procured by Abilene or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other background reports required for government jobs.

By signing this letter, I hereby provide my authorization for Abilene Millwork or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature Applicant/Employee

Name as it appears on Driver License/ID Card

Driver License/ID Card Number/State of Issuance

Date of Birth