



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Personal	Name: Last		First		Middle Initial		Date	
	Address: Number & Street			Apt #		Phone Number: Home		
	City			State		Zip Code		Phone Number: Business
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____						Phone Number: Mobile/other	
	How did you hear about Door Specialties?						Email Address	
	Position Desired						Social Security #	
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____						Pay Expected	
	Are you legally eligible for employment in the United States?						Will you work overtime if asked?	
	Have you been convicted of any crimes in the past ten years, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.						When will you be available to begin work?	
	Other special training or skills (languages, machine operation, etc.)						Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with what employers?	
Colorado Driver's License # :			To expedite the processing of your application and ensure compliance with insurance requirements, a recent copy of your Motor Vehicle report is required. Report is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Motor Vehicle report is not attached, sign here to authorize Door Specialties to obtain this information.								
Signature: _____						Date: _____		

Education	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

2	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

3	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

4	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
Employer Number(s) _____ Reason _____ _____	

Military	Did you serve in the U.S. Armed Forces? ____ Yes ____ No	If Yes, what Branch?
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Describe any training received relevant to the position for which you are applying.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin.)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to conduct a background check and to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date:

Signature:

For Employer's Use Only

Reference Check	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

Test Results	Tests Administered	Raw Score/ Rating	Analysis and Comments
		____/____	
		____/____	
		____/____	
		____/____	

Interview Results	Interviewer Name and Comments	