THE CABINET SHOPPE, INC.

P.O. Box 487 3101 N. I-27 Canyon, TX 79015 806-655-2071

Application For Employment

We consider applicants for all positions without regard to race, color, disability, religion, sex, national origin, age, or any other legally protected status pursuant to the **Texas Employment Discrimination Law**, and other relevant federal, state and local laws.

Position(s) Applied For	: P.	TPEEASE PRELIG			Date of Application				
How Did You Learn About Us?									
☐ Advertisement	\square Friend	□ Walk-In							
☐ Employment Agency	☐ Relative	☐ Other							
Last Name	First Nam	e	Mide	lle Name					
Address Number	Street	City	Sta	ite	·	Zip	Code		
Telephone Number(s)			Social Secur	ity Numl	 oer	**			
	7								
If you are under 18 years of ag	· · ·	red proof of your eligibil	ity to work?		Yes		No		
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 e			_	Ξ,	Yes		No		
Are you prevented from lawful Immigration Status?	ly becoming employed in	n this country because of	Visa or						
Proof of citizenship or immigrati	on status will be required upon	employment.			Yes		No		
On what date would you be ava	ailable for work?			***************************************					
Are you available to work: 🛘 🗆	,		Гетрогагу						
Are you currently on "lay-off" s	•				Yes		No		
Do you have a dependable mea	•				Yes		No		
Have you been convicted of a f Convictions will not necessarily					Yes		No		
If Yes, please explain	***************************************	- WANGER							
Education				***************************************					
	Name and Address of School	Course of Stud		ears ipleted			loma gree		
High School			, , , , , , ,	.		<u> </u>	P		
Undergraduate College						,			
Graduate Professional									
Other (Specify	·				-				
Additional Informatio)n		<u> </u>	*.					
State any additional informat		ful to us in considering t	rour onnlicatio	<u> </u>					
Summarize special job-related	d skills & qualifications	from employment or other	er experience.	л.					
Note to Applicants: DO NOT INFORMED ABOUT THE R				PLYING	· · · · · · · · · · · · · · · · · · ·				
Are you capable of performing	g in a reasonable manne	r the activities involved in	n the job or						
occupation for which you have job or occupation is attached.		or the activities involved	in such a		YES		_NO		

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.

1	Employer		Dates E	Imployed	Work Performed		
1.	Address		From	То	i i i i i i i i i i i i i i i i i i i		
	Telephone Number(s)			Rate/Salary			
	Job Title	Supervisor	Starting	Final			
	Reason for Leaving						
2.	Employer		Dates E	mployed To	Worked Performed		
۷.	Address		From	То			
	Telephone Number(s)		***************************************	Rate/Salary			
	Job Title	Supervisor	Starting	Final	:		
	Reason for Leaving						
3.	Employer			mployed	Worked Performed		
٥.	Address		From	To			
	Telephone Number(s)		Hourly Starting	Rate/Salary Final			
	Job Title	Supervisor	Starting	Finai			
	Reason for Leaving						
Re	ferences						
	1.				`		
	l .	(Name)	,		Phone #		
		(Address)					
	2.	(Madiless)		()		
		(Name)			Phone #		
		(Address)					
	3.	(()		
		(Name)			Phone #		
		(Address)					
ا تحد ا	plicant's Statement						
ر ر _ا د	piicant's Statement						
	I authorize investigation of al decision. This application for employme for employment beyond this ti I hereby understand and ackn is of an "at will" nature, whi with or without cause. It is fur	ent shall be considered active for a me period should inquire as to who owledge that, unless otherwise def ch means that the Employee may	lication for emplo period of time not ether or not applica ined by applicable resign at any time "employment rela	to exceed 45 dations are being law, any emple and the Emple tionship may n	oyment relationship with this organization oyer may discharge Employee at any time of he changed by any written document or		
	In the event of employment, I	ınderstand that false or misleading hat I am required to abide by all rı	information giver	in my applicat	tion or interview(s) may result in		
	\overline{s}	ignature of Applicant			Date		

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