

BYWATER PRODUCTS

CABINET SOLUTIONS



340 N 400 W Hyrum, Utah 84319
Office: 435-245-6126 Fax: 435-245-7946

Employment Application

FOR OFFICE USE ONLY	
Rater	
Qualified	
Not Qualified	
Score	
Interview Date	

TITLE OF POSITION APPLIED FOR: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
LAST NAME FIRST NAME MIDDLE NAME

MAILING ADDRESS: _____
 DAY PHONE: _____ EVE. PHONE: _____ EMAIL: _____
 Cell PHONE: _____

Are you over 18 years Old YES / NO

CITY: _____

STATE: _____ ZIP: _____

TYPE OF EMPLOYMENT DESIRED: Full Time Part Time Temporary Long Term 1-5 yrs, 5-10yrs

HOURS AVAILABLE FOR WORK: _____

DATE AVAILABLE TO START: _____ ARE YOU WILLING TO WORK OVERTIME?: _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

Minimum salary you will accept: _____

Benefits you desire: _____

Do you possess a valid driver's license? YES NO
 DL Number: _____ Expiration Date: _____ Class: A B C D E F M G

Do you have access to a **reliable/insured** vehicle in which you could use for this position at any time required? YES NO

Have you ever been convicted of a criminal offense? YES NO
 If yes, please list charge(s) _____

Where convicted	Date	Disposition/Status

Have you ever been terminated or forced to resign from any job? YES NO
 If yes, explain _____

Are you a citizen of this country? YES NO
 If not a citizen, are you legally authorized to work in the United States? YES NO
 (If hired, applicant must furnish proof of citizenship or appropriate visa.)

LIST ANY LANGUAGES OTHER THAN ENGLISH IN WHICH YOU ARE FLUENT: _____

YEARS OF MILITARY SERVICE: _____ FROM ____/____/____ TO ____/____/____

EDUCATION

HIGH SCHOOL	LOCATION	DIPLOMA	OTHER	HIGHEST GRADE COMPLETED

COLLEGE, UNIVERSITY OR TECHNICAL COLLEGE	MAJOR	QTR HRS	SEM HRS	DEGREE	TYPE OF DEGREE
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

TRADE SCHOOL, CORRESPONDENCE, APPRENTICE	SUBJECT OR FIELD	# OF MONTHS	# OF HRS	COURSE COMPLETE	TYPE OF CERTIFICATION
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

PROFESSIONAL OR TRADE LICENSE, CERTIFICATES OR REGISTRATIONS

TYPE OF CERTIFICATION OR LICENSE	NUMBER	STATE

WORK EXPERIENCE (LIST MOST RECENT JOB FIRST, ATTACH ADDITIONAL JOB SHEETS IF NEEDED)

EMPLOYER:	JOB TITLE:
ADDRESS:	
SUPERVISOR'S NAME:	
FROM ___/___/___ TO ___/___/___	HOURS PER WEEK: _____ WAGE/SALARY: _____
IS THIS YOUR CURRENT JOB? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REASON FOR LEAVING:	
JOB DUTIES:	

EMPLOYER:	JOB TITLE:
ADDRESS:	
SUPERVISOR'S NAME:	
FROM ___/___/___ TO ___/___/___	HOURS PER WEEK: _____ WAGE/SALARY: _____
REASON FOR LEAVING:	
JOB DUTIES:	

EMPLOYER:	JOB TITLE:
ADDRESS:	
SUPERVISOR'S NAME:	
FROM ___/___/___ TO ___/___/___	HOURS PER WEEK: _____ WAGE/SALARY: _____
REASON FOR LEAVING:	
JOB DUTIES:	

EMPLOYER:	JOB TITLE:
ADDRESS:	
SUPERVISOR'S NAME:	
FROM ___/___/___ TO ___/___/___	HOURS PER WEEK: _____ WAGE/SALARY: _____
REASON FOR LEAVING:	
JOB DUTIES:	

SKILLS

TYPING SPEED: _____ wpm

Mark 1 as little to no experience and 5 as well exposed:

COMPUTER SKILLS/ EXPERIENCE (rate 1-5): 1 2 3 4 5

TELEPHONE: 1 2 3 4 5

INTERNET: 1 2 3 4 5

BOOKKEEPING: 1 2 3 4 5

INTERIOR DESIGN: 1 2 3 4 5

EMAIL: 1 2 3 4 5

CIRCLE and RATE YOUR PROFENCIENCY IN THE FOLLOWING PROGRAMS

QUICKBOOKS 1 2 3 4 5

MS WORD 1 2 3 4 5

CABINETWARE1 2 3 4 5

POWER POINT 1 2 3 4 5

PHOTOSHOP 1 2 3 4 5

MS ACCESS 1 2 3 4 5

MS EXCEL 1 2 3 4 5

CAD 1 2 3 4 5

PAGEMAKER 1 2 3 4 5 WEB DESIGN – Program? _____ 1 2 3 4 5

PLEASE INCLUDE ADDITIONAL SKILLS AND PROGRAMS NOT LISTED ABOVE:

OTHER SKILLS/ or Classes or Seminars taken:

AWARDS/ RECOGNITIONS

HOBBIES

REFERENCES

NAME	ADDRESS	RELATION	PHONE

What are some books you've read in the past 6 months?

What would your friends say about you:

Please tell us what your ideal job would be:

AUTHORITY TO RELEASE INFORMATION: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Bywater Products Inc. which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

CERTIFICATION OF APPLICANT: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____ Date _____