



RUTT QUALITY CABINETS
APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY: Include your last seven (7) years of employment history starting with most recent and working backwards in time. Be sure to account for all periods of time including military service and any period of unemployment. If self employed provide firm's name and business references. Attach an additional paper if necessary. Incomplete information could disqualify you from further consideration.

Name & Address of Employer	From Mo/Yr	To Mo/Yr	Starting Wage or Salary	Ending Wage or Salary
	/	/		
Job Title:				
Describe the work you did:				
Phone	Supervisor's Name		Reason for Leaving	

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Please list any additional experience, skills and/or training that would enhance your ability to perform the position applying for:

Please list any professional memberships, certificates or licenses held: _____

REFERENCES: In the section below please provide 3 professional references of people who know you well (**not previous employers or relatives**).

Name	Occupation	Address Street/City/State	Phone# Email Address	Number of Years Known



RUTT QUALITY CABINETRY
APPLICATION FOR EMPLOYMENT

DRIVING INFORMATION:

Do you have a current driver's license? Yes ____ No ____

State: _____ License No: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes ____ No ____ If Yes, please state the date(s) and explain circumstances of each suspension or revocation: _____

Do you have personal automobile insurance? Yes ____ No ____ Name of Insurance Co. _____

Has your personal automobile insurance ever been canceled? Yes ____ No ____ If Yes, please explain: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)?

Yes ____ No ____ If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense: _____ Date: _____ Location: _____

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This application is valid only for 90 days from the date signed/dated below.

APPLICANT'S CERTIFICATION & AUTHORIZATION:

Please read carefully before signing

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Rutt Quality Cabinetry to hire me. If I am hired, I understand my employment can be terminated, with or without cause and with or without notice, at any time, at the option of the company or myself. I understand that only the General Manager of Rutt Quality Cabinetry has the authority to make any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing and then only in writing. I further agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and Rutt Quality Cabinetry.

If I am offered employment, I understand that my employment is conditional based on the results of any background investigation(s) conducted by the company. Investigations may include completion of criminal background, credit history and education history. I understand the company reserves the right to require me to submit to a drug & alcohol test and/or medical examination to the extent permitted by law. I understand and expressly agree that if employed by Rutt Quality Cabinetry, storage areas provided for me (work station, desk, etc.) are open to investigation by the company without prior notice to me. I authorize Rutt Quality Cabinetry to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from. If employed by Rutt Quality Cabinetry I will abide by the Rutt Quality Cabinetry rules and policies.

I attest with my signature below that I have read and understand the foregoing and the information provided on this employment application is true and correct and no requested information has been concealed. I authorize investigation of all statements contained in this application. I understand the falsification, misrepresentation or omission of facts called for can result in immediate termination from employment or removal of my application from consideration.

Signature of Applicant

Date of Application