

# **APPLICATION FOR EMPLOYMENT**

**RUTT QUALITY CABINETRY** 

215 Diller Avenue, New Holland, PA. 17557 Phone: 717-351-1700 Fax: 717-351-1711 www.ruttcabinetry.com

Rutt Quality Cabinetry is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by federal, state and local law. It is the intention of Rutt Quality Cabinetry to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. To help us learn about your experience, abilities and interests, please complete this Application for Employment. Incomplete information could disqualify you from further consideration. **Please fill out and email to hr@ruttcabinetry.com.** 

#### **PERSONAL DATA:**

Name:			
Last	First	M.]	Ι.
Address:			
Street Address	City	State	Zip Code
Phone: ( Email:			
Are you at least eighteen (18) years or older? Yes Are you authorized to work in the U.S.? Yes No If hired, do you have a reliable means of transportatio Have you ever been convicted of a criminal offense? Y necessarily disqualify an applicant from employment.)	o n to get to work? Yes /es No (No	te: Answering	yes will not
<b>REFFERAL SOURCE:</b> How did you hear about us? Walk In Advertise	ment Employmen	t Agency	Other
Have you ever worked for this company before? Yes _ employment and position(s) held:		lease give dat	es of

Do you know anyone who works for our company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes who:\_\_\_\_

# **EMPLOYMENT / AVAILABILITY:**

Position applying for:	Date you can start:
Hourly Rate/Salary Desired:	

EDUCATION	Name/Address of School	Diploma/Degree Certificate Received	Course of Study/Major
High School			
College or University			
Trade/Business School			



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**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. <u>Attach an additional paper if necessary.</u> 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:			
		( N				
Phone	Superviso	or's Name		Reason for Leaving		
		From	То	Starting Wage	Ending Wage	
Name & Address o	of Employer	Mo/Yr	Mo/Yr	or Salary	or Salary	
		/	/			
		Job Title:				
			Describe the work you did:			
Phone	Superviso	 pr's Name		Reason for Leaving		
		pervisor's Name Reason for Leaving				
		From				
Name & Address o	Name & Address of Employer		To Mo/Yr	Starting Wage or Salary	Ending Wage or Salary	
		Mo/Yr /	/			
			1			
	Job Title:					
Describe the work you did:						
Phone	Superviso	Supervisor's Name Reason for Leaving				
		_				



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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	F	Reason for Leaving	
Name & Address of Employer		From Mo/Yr	To Mo/Yr	Starting Wage or Salary	Ending Wage or Salary
		/	1		
		Job Title:		·	
Describe the wo		work you did:			
Phone	Supervisor'	's Name Reason for Leaving			

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



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#### **DRIVING INFORMATION:**

Do you have a current dri	ver's license? Yes No	_	
State:	License No:	Expiratio	n Date:
	ever been suspended or revoked?		
date(s) and explain circur	nstances of each suspension or re	vocation:	
Do you have personal aut	omobile insurance? Yes No	Name of Insurance	Co
Has your personal automo	bbile insurance ever been canceled	1? Yes No	If Yes, please explain:
-	for driving under the influence (D s, please explain circumstances an	, ,	
Please list all moving traff	fic violations in the last five (5) ye	ars:	
Offense:	Date:	Location:	
Offense:	Date:	Location:	
Offense:	Date:	Location:	

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

#### APPLICANT'S CERTIFICATION & AUTHORIZATION: <u>Please read carefully before signing</u>

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.