Markay Cabinets, Inc.
P.O. Box 968
Poulsbo, WA 98370
Phone: 360-779-3443 Fax: 360-697-5594
www.markay.net

APPLICATION FOR EMPLOYMENT

(Please Print)

It is our policy to comply with all applicable state and federal laws discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.

Name_____ Date_____
(last) (first) (middle)

Address_____
(street) (city) (state) (zip code)

Home Phone_____ Cell Phone_____

Are you 18 years or older? [ ] Yes [ ] No

Have you ever worked for this company before? [ ] Yes [ ] No If yes, when?_____

Are you authorized to work in the U.S. on an unrestricted basis? [ ] Yes [ ] No

Do you have a valid Washington State Drivers License? [ ] Yes [ ] No

Do you have reliable transportation? [ ] Yes [ ] No

Will you be able to lift and carry 75 pounds and walk on concrete floor for 8 to 10 hours per day? [ ] Yes [ ] No

Position applied for: _____ [ ] Full-time [ ] Part-time

Wage or salary desired_____ When can you start? _____
(you must state a desired salary to be considered)

Education	Name & Location of School	Year	Diploma/Degree
High School			
College/Univ.			
Vocational/Technical			

Other Training/Education:

WORK HISTORY: (List most recent employer first and be complete. Use back if necessary)

Previous Employer: _____

Address: _____Phone: _____

Employment dates | Starting Salary | Leaving Salary

From _____ To _____ $_____ Per _____ $ _____ Per_____

May we contact this Employer? [ ] YES [ ] NO - Reason? _____

Position: _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____Phone: _____

Employment dates | Starting Salary | Leaving Salary

From _____ To _____ $_____ Per _____ $ _____ Per_____

May we contact this Employer? [ ] YES [ ] NO - Reason? _____

Position: _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____Phone: _____

Employment dates | Starting Salary | Leaving Salary

From _____ To _____ $_____ Per _____ $ _____ Per_____

May we contact this Employer? [ ] YES [ ] NO - Reason? _____

Position: _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____Phone: _____

Employment dates | Starting Salary | Leaving Salary

From _____ To _____ | $_____ Per _____ | $ _____ Per_____

May we contact this Employer? [ ] YES [ ] NO - Reason? _____

Position: _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____Phone: _____

Employment dates | Starting Salary | Leaving Salary

From _____ To _____ | $_____ Per _____ | $ _____ Per_____

May we contact this Employer? [ ] YES [ ] NO - Reason? _____

Position: _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

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Employment dates | Starting Salary | Leaving Salary

From _____ To _____ | $_____ Per _____ | $ _____ Per_____

May we contact this Employer? [ ] YES [ ] NO - Reason? _____

Position: _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____Phone: _____

Employment dates | Starting Salary | Leaving Salary

From _____ To _____ | $_____ Per _____ | $ _____ Per_____

May we contact this Employer? [ ] YES [ ] NO - Reason? _____

Position: _____ Name and title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

_____

_____

_____

_____

Professional References: (Do not list any friends or relatives.)

Name	**Address**	**Phone**	**Occupation**	**Years Known**

If you have listed your current employer, may we contact them after a job offer has been extended and accepted?

[ ] Yes [ ] No

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I understand that employment at this company is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Date_____ Applicant's Signature_____

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REFERENCE VERIFICATION

This person has applied for a position with Markay Cabinets and has listed you as a professional reference. We would appreciate your verification of their employment history with your company. Kindly fax your completed form to 360-697-5594. Thank you!

You are hereby authorized to provide Markay Cabinets with the information requested on this form.

SIGNATURE:

NAME:

Employment Dates:

Reason For Leaving:

Please rate the following:

	Excellent	Average	Poor
Attendance	☐	☐	☐
Teamwork	☐	☐	☐
Safety	☐	☐	☐
Quality of Workmanship	☐	☐	☐
Reliability	☐	☐	☐
Quantity of Work	☐	☐	☐

Eligible for Rehire?

☐ **Yes**
☐ **No**

Additional Comments:

Prepared by:

Company: **Date:**