

Quality Craft Wood Works Inc.

Job Application Form



Applicant Information

Last Name *		First Name *		D.O.B	
Street Address			City		
ZIP	State		Phone *		
E-Mail Address *					
Date Available			Desired Wage		
Have you ever worked for this company before?		<input type="checkbox"/> yes <input type="checkbox"/> no	Desired work status?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Are you a citizen of the United States?		<input type="checkbox"/> yes <input type="checkbox"/> no	If no, are you authorized to work in the U.S.?		<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever committed a felony?		<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, explain		

Education

High School					
High School					
From	To	Did you Graduate?			<input type="checkbox"/> yes <input type="checkbox"/> no
College					
College					
From	To	Did you Graduate?			<input type="checkbox"/> yes <input type="checkbox"/> no
Degree					
Other					
Other					
From	To	Did you Graduate?			<input type="checkbox"/> yes <input type="checkbox"/> no
Degree					

References

Full Name		Relationship
Company		Phone
Address		

Qualifications

Licenses, Skills, Training, Awards

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Previous Employment

Company 1

Address		Phone
Address		
Job Title		
Responsibilities		
Starting Salary	Ending Salary	
Start Date	End Date	
Reason for leaving		

Company 2

Address		Phone
Address		
Job Title		
Responsibilities		
Starting Salary	Ending Salary	
Start Date	End Date	
Reason for leaving		

Disclaimer *

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in forfeiture or termination of employment.

Signature *

03/18/2025

Date