

EMPLOYMENT APPLICATION FOR BARBOSA CABINETS, INC.

An Equal Employment Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, or any other legally protected status.

Position(s) Applied for: _____ Date of application: _____

P E R S O N A L	LAST NAME	FIRST	MIDDLE	
	STREET ADDRESS		HOME PH: _____	
	CITY, STATE, ZIP CODE		BUSINESS PH: _____	
	If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this Country? (Proof of citizenship or immigration status will be required upon employment.)			Yes No
	Have you been convicted of a crime in the last seven (7) years? If so, please explain. _____ (Conviction will NOT necessarily be a bar to employment, each instance and explanation will be considered in relationship to the position for which you are applying.)			Yes No
	Have you ever been employed here before? If yes, give dates _____			Yes No
	Are you able to meet the attendance requirements of the position?			Yes No
	Are you available for: Days Swing Overtime Weekends			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	COLLEGE				Yes No	
	BUSINESS/TRADE/ TECHNICAL				Yes No	
	HIGH SCHOOL				Yes No	
	ELEMENTARY SCHOOL				Yes No	

S K I L L S	OTHER QUALIFICATIONS: Summarize special job related skills and qualifications acquired from employment or other experience. _____ _____																				
	SPECIALIZED SKILLS: (Skills/Equipment Operated) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>OFFICE SKILLS</u></td> <td style="width: 25%;"><u>Whse/General</u></td> <td style="width: 25%;"><u>Cabinet Skills</u></td> <td style="width: 25%;"><u>Woodworking Machinery</u></td> </tr> <tr> <td><input type="checkbox"/> PC/MAC</td> <td><input type="checkbox"/> Forklift</td> <td><input type="checkbox"/> Finishing/Doors/Drawers</td> <td><input type="checkbox"/> Table saw <input type="checkbox"/> Beam Saw</td> </tr> <tr> <td><input type="checkbox"/> Spreadsheet</td> <td><input type="checkbox"/> Driver</td> <td><input type="checkbox"/> Faceframe</td> <td><input type="checkbox"/> Edgebander <input type="checkbox"/> Chop Saw</td> </tr> <tr> <td><input type="checkbox"/> Word Processing</td> <td><input type="checkbox"/> Tape Measure</td> <td><input type="checkbox"/> Body Stock</td> <td><input type="checkbox"/> Moulder/shaper</td> </tr> <tr> <td>WPM: _____</td> <td><input type="checkbox"/> Read decimals</td> <td></td> <td><input type="checkbox"/> Wide Belt Sander <input type="checkbox"/> Sprayer</td> </tr> </table> If you have experience working with machinery (i.e., repair, maintenance, etc.) list the type of machinery and repair/maintenance work you have performed: _____ _____		<u>OFFICE SKILLS</u>	<u>Whse/General</u>	<u>Cabinet Skills</u>	<u>Woodworking Machinery</u>	<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Forklift	<input type="checkbox"/> Finishing/Doors/Drawers	<input type="checkbox"/> Table saw <input type="checkbox"/> Beam Saw	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Driver	<input type="checkbox"/> Faceframe	<input type="checkbox"/> Edgebander <input type="checkbox"/> Chop Saw	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Tape Measure	<input type="checkbox"/> Body Stock	<input type="checkbox"/> Moulder/shaper	WPM: _____	<input type="checkbox"/> Read decimals	
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EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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Company Name: _____ Address: _____	Telephone: () _____ Employed (State month and year)
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1	City: _____ State: _____ Zip Code: _____	From _____ To _____
	Name of Supervisor: _____	Weekly pay:
	Job Title: _____	Start _____ Last _____
	Briefly describe your work duties: _____ _____ _____	Reason for Leaving: _____ _____

2	Company Name: _____	Telephone: () _____
	Address: _____	Employed (State month and year)
	City: _____ State: _____ Zip Code: _____	From _____ To _____
	Name of Supervisor: _____	Weekly pay:
Job Title: _____	Start _____ Last _____	
Briefly describe your work duties: _____ _____ _____	Reason for Leaving: _____ _____	

3	Company Name: _____	Telephone: () _____
	Address: _____	Employed (State month and year)
	City: _____ State: _____ Zip Code: _____	From _____ To _____
	Name of Supervisor: _____	Weekly pay:
Job Title: _____	Start _____ Last _____	
Briefly describe your work duties: _____ _____ _____	Reason for Leaving: _____ _____	

4	Company Name: _____	Telephone: () _____
	Address: _____	Employed (State month and year)
	City: _____ State: _____ Zip Code: _____	From _____ To _____
	Name of Supervisor: _____	Weekly pay:
Job Title: _____	Start _____ Last _____	
Briefly describe your work duties: _____ _____ _____	Reason for Leaving: _____ _____	

R E F E R E N C E	PERSONAL/PROFESSIONAL REFERENCES:			
	NAME	PHONE NO.	ADDRESS:	OCCUPATION
	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
We may contact the employers listed above unless you indicate those you do not want us to contact: Employers Number (s) _____ Reason: _____				

Barbosa Cabinets, Inc.
25520 Schulte Court
 Tracy, California 95377
 209.836.2501, Fax 209.836.0847

PLEASE READ CAREFULLY, INITIAL APPROPRIATE PARAGRAPHS, AND SIGN BELOW

_____ I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

_____ I give Barbosa Cabinets, Inc. the right to contact and obtain information from all references, employers, and educational institutions to other wise verify the accuracy of the information contained in this application. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application, and its representatives for seeking, gathering, and using such information and all other persons, former employers, corporations, or organizations for furnishing such information.

_____ I should not resign my current employment until I have successfully completed any post-offer medical examination required by the company and received a formal offer of employment.

_____ If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no one, other than the President of Barbosa Cabinets, Inc., has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the President of the Company.

Barbosa Cabinets, Inc., retains the right to hire the person who appears to best fit its needs at this time. There will not be an explanation (unless specifically required by law) as to what factors went into this decision.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this Company's Policy not to refuse to hire a qualified individual with a disability because of the need for reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

The answers given to Barbosa Cabinets, Inc., representatives are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

PRINT FULL NAME

Social Security Number

Date