

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, veteran status or sexual orientation.

PERSONAL			
Last Name	First	Middle	Date
Street Address			Home Phone ( )
City, State, Zip			Cell Phone ( )
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____			Social Security No.
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime If asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
Other special training or skills (languages, machine operation, etc.)			
How did you learn of our organization?			

EDUCATION					
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma
College					
High					
Elementary					
Other					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin, sex, age or sexual orientation)

## EMPLOYMENT

(Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.)

1. Company Name	Telephone (      )
Address	Employed (Month & Year) From                  To
Name of Supervisor	Weekly Pay Start \$                  Last \$
State Job Title and Describe Your Work  _____	Reason for Leaving
2. Company Name	Telephone (      )
Address	Employed (Month & Year) From                  To
Name of Supervisor	Weekly Pay Start \$                  Last \$
State Job Title and Describe Your Work  _____	Reason for Leaving
3. Company Name	Telephone (      )
Address	Employed (Month & Year) From                  To
Name of Supervisor	Weekly Pay Start \$                  Last \$
State Job Title and Describe Your Work  _____	Reason for Leaving
4. Company Name	Telephone (      )
Address	Employed (Month & Year) From                  To
Name of Supervisor	Weekly Pay Start \$                  Last \$
State Job Title and Describe Your Work  _____	Reason for Leaving
5. Company Name	Telephone (      )
Address	Employed (Month & Year) From                  To
Name of Supervisor	Weekly Pay Start \$                  Last \$
State Job Title and Describe Your Work  _____	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact Employer No(s) _____ Reason _____ _____

**MILITARY**

<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>		Branch of Service
Describe your duties and any special training relevant to the type of position you are applying For:	Were you separated from military service due to dishonorable discharge?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED*

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input type="checkbox"/>	Provide dates you attended school: Elementary: From _____ To _____	<input type="checkbox"/> Height _____ Ft. _____ In.
<input type="checkbox"/>	High School: From _____ To _____ College: From _____ To _____	<input type="checkbox"/> Weight _____ Lbs.
<input type="checkbox"/>	Other (give name and dates)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Date of Birth _____ <input type="checkbox"/> Resident County _____
<input type="checkbox"/>		<input type="checkbox"/> Resident School District _____
<input checked="" type="checkbox"/>	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	<input type="checkbox"/> How long at this address? _____ Years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, with what employers? _____	
<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe in full. Such convictions will only be considered in relation to specific job Requirements and will not absolutely bar employment.	
<input type="checkbox"/>	State names of relatives and friends working for us other than your spouse. _____ _____	
<input type="checkbox"/>	In case of an emergency, notify: Name _____ Address _____ Phone _____	

**SIGNATURE** The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

BELOW ARE A FEW QUESTIONS WE WOULD LIKE FOR YOU TO ANSWER. THESE QUESTIONS ARE TO DETERMINE SKILLS NEEDED FOR WORKING WITH WOOD AND WOODWORKING TOOLS.

PLEASE PROVIDE THE ANSWERS IN THE SPACE(S) PROVIDED.

1.) 10'-5" = HOW MANY INCHES? \_\_\_\_\_

2.)  $2' 3''$   
+  $6' 10''$

3.)  $12' 10''$   
-  $7' 11''$

4.)  $\frac{1}{2}''$   
+  $1 \frac{1}{4}''$

5.) IF A TOP MEASURES 6'-10 1/2" AND YOU NEED TO ADD, 3 1/4" WHAT IS THE NEW TOP LENGTH? \_\_\_\_\_

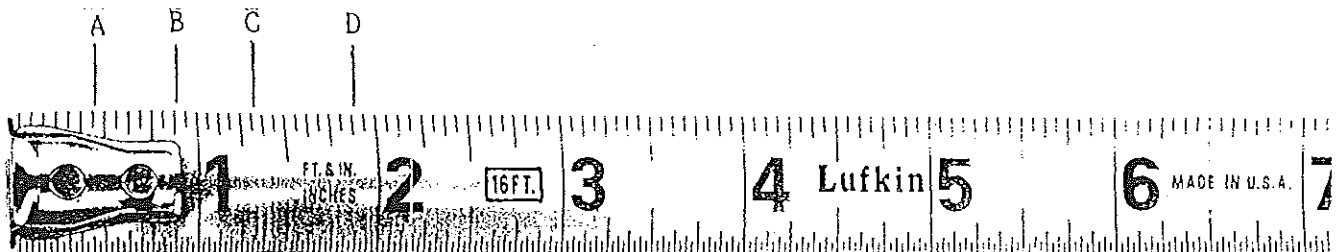
6.) IF A TOP MEASURES 7'-2", AND YOU NEED TO ADD, 1'-10 1/2" WHAT IS THE NEW LENGTH? \_\_\_\_\_

7.) IF A TOP MEASURES 9' 4 1/4", AND YOU NEED TO DEDUCT 2'-6 1/8", WHAT IS THE NEW LENGTH? \_\_\_\_\_

8.) LISTED BELOW ARE TOOLS FREQUENTLY USED IN OUR SHOP. PLEASE CHECK THOSE YOU ARE FAMILIAR WITH.

PLANER	_____	BELT SANDER	_____
JOINTER	_____	MOLDER	_____
RADIAL ARM SAW	_____	SHAPER	_____
TABLE SAW	_____	MEASURING TAPE	_____
HAND ROUTER	_____		

9.) ON THE RULER BELOW PLEASE INDICATE THE MEASUREMENTS. (A) HAS BEEN DONE AS AN EXAMPLE.



A.  $7/16''$  B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_

**BRUEWER WOODWORK MANUFACTURING COMPANY, INC.**

10000 Cilley Road  
Cleves, Ohio 45002

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that Bruewer Woodwork Manufacturing Company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment shall be "at will" and may be terminated by me or the Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical examination or drug test, at the Company's expense, at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information necessary to determine my ability to perform the duties of a job I am being considered for prior to employment, or, in the future, during my employment with the Company.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory:

Overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday, smoking and non-smoking areas and regulations, proper attire and personal hygiene. I understand and accept these as conditions of my employment.

I further understand that this is an Application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time, and that the Company can change wages, benefits, and conditions at any time.

I have read and understood the above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Here