



## Employment Application Form

**Please mail to or drop off completed application at:**

Quality Custom Cabinetry, Inc.  
125 Peters Rd., P.O. Box 189  
New Holland, PA 17557

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**OFFICE USE ONLY:**

Date received:  
Reviewed by:

**PLEASE COMPLETE PAGES 1-5**

Position(s) Applied For \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  YES  NO

Are you currently authorized to work in the United States?  YES  NO. (Proof of eligibility will be required, if hired.)

How were you referred?

Walk-In \_\_\_\_\_ School \_\_\_\_\_  
 Employee \_\_\_\_\_ Job Agency \_\_\_\_\_  
 Advertisement \_\_\_\_\_ Gov't Employment Agency \_\_\_\_\_  
 Company's Website \_\_\_\_\_ Other \_\_\_\_\_

Type of Work Schedule

Days \_\_\_\_\_ Nights \_\_\_\_\_  
 Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Will you work overtime if required?  If no, please explain \_\_\_\_\_

Have you previously submitted an application to QCCI?  If yes, when? \_\_\_\_\_

Have you previously been employed at QCCI?  If yes, when? \_\_\_\_\_

Employment desired  FULL-TIME  PART-TIME  SEASONAL  EDUCATIONAL CO-OP

When are you available to start work? \_\_\_\_\_

What is your desired wage? \_\_\_\_\_

Have you ever pleaded "guilty" or "no contest" to or been convicted of a felony crime?  Yes  No

(A conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed:

### Educational History

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

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APPLICATION FOR EMPLOYMENT (Continued)

References: Please list three references other than relatives.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe are relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you are able to perform the essential functions of the job for which you have applied with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Need more information about the job's essential functions to respond.

If you answered "No," please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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APPLICATION FOR EMPLOYMENT (Continued)

**Work Experience** Please list your work experience beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your last job title: _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least: _____ _____			

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Last Job Title _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least: _____ _____			

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Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least:			

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
What did you like most: _____ _____			
What did you like least:			

May we contact your present employer?  Yes  No

May we contact your other employers?  Yes  No; If not, which employers may we contact? \_\_\_\_\_  
\_\_\_\_\_

Has any of your employers taken any disciplinary action against you in the last two years:  Yes  No

If yes, please explain the discipline and the reasons in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PLEASE READ CAREFULLY

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**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview as necessary in arriving at an employment decision.

I understand that this application remains current for only 1 year. [Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.] I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer, QCCI (Quality Custom Cabinetry, Inc.) may discharge the Employee at anytime with or without cause.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other QCCI company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of QCCI, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of QCCI.

I hereby give QCCI permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release QCCI from any liability as a result of such contact. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand that if offered a position at QCCI that I will be responsible to submit to a drug screen test. I understand that if I test positive for the presence of a prohibited substance that I will receive no further consideration for employment. Furthermore, I also understand that a refusal to submit to such a screening test or failure to cooperate fully in the testing process will constitute an immediate and voluntary withdrawal of my application for employment.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

QCCI is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with QCCI depends solely on your qualifications.

Thank you for completing this application form and for your interest in QCCI.