



# Online Employment Application

Instructions:

1. Download this PDF to your computer.
2. Open PDF and complete all fillable fields. You can download a free PDF reader here: [Adobe Acrobat DC](#)
3. Once complete, save the updated file.
4. Email your completed application to **[employment@signaturecab.com](mailto:employment@signaturecab.com)**.  
*\*You may attach your cover letter and/or resume to the same email as your application.*



# Application for Employment

To be considered for employment, you must fill out this application in its entirety. While resumes are welcome, they should not be submitted in lieu of the information requested below. If a question does not apply to you, please write N/A ("Not Applicable").

*Signature Custom Cabinetry, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sexual orientation, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

Position(s) or Department (s) of Interest: <i>(Please be specific.)</i>		Date of Application:	
How did you learn about us?			
Advertisement	Company Website	Walk-in	Government Employment Agency
Relative	Employment Agency	Employee _____	
Other _____			

Last Name:		First Name:		Middle Initial:	
Street Address:					
City:		State:		Zip Code:	
Home Phone:		Cell Phone:		Email Address:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes  No   
*(If over 18, please leave blank.)*

Have you ever filed an application with Signature Custom Cabinetry, Inc. before? Yes  No   
*When? \_\_\_\_\_*

Have you ever been employed with Signature Custom Cabinetry, Inc. before? Yes  No   
*When? \_\_\_\_\_*

Are you currently employed? Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes  No   
*(Proof of citizenship or immigration status will be required upon employment.)*

Employment Desired (Check One):  Full-time  Part-time  Temporary (e.g. school breaks)  Educational Co-Op

*If applicable, specify work schedule constraints here:* \_\_\_\_\_

Earliest date available for work: \_\_\_\_\_ Desired salary or hourly rate: \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes  No

Have you been convicted of, or plead guilty or no contest to, a felony within the last 7 years? Yes  No   
*(A conviction will not necessarily disqualify an applicant from employment.)*

If "Yes", please explain: \_\_\_\_\_

# Education:

High School:		Program of Study:
Address:		
Did you graduate? Yes      No	Diploma/Degree:	
Business/ Trade School:		Program of Study:
Address:		
Did you graduate? Yes      No	Diploma/Degree:	
College:		Program of Study:
Address:		
Did you graduate? Yes      No	Diploma/Degree:	
Graduate School:		Program of Study:
Address:		
Did you graduate? Yes      No	Diploma/Degree:	
Other:		Program of Study:
Address:		
Did you graduate? Yes      No	Diploma/Degree:	

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

List professional, trade, business, or civic activities and offices held:

*(You may exclude membership which would reveal race, color, religion, sexual orientation, gender, national origin, age, disability, or other legally protected status.)*

# Employment Experience:

**Start with your present or last job.** Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sexual orientation, gender, national origin, age, disability or other legally protected status.

Employer:		Work Performed (Duties) <i>(Include all positions held with this employer.)</i>	
Address:			
Phone Number:	May we contact? Yes      No		
From:      To:	Starting Pay:      Final Pay:		
Job Title:	Supervisor:		
		Reason for Leaving	Voluntary Involuntary
		Explain:	

Employer:		Work Performed (Duties) <i>(Include all positions held with this employer.)</i>	
Address:			
Phone Number:	May we contact? Yes      No		
From:      To:	Starting Pay:      Final Pay:		
Job Title:	Supervisor:		
		Reason for Leaving	Voluntary Involuntary
		Explain:	

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From:      To:	Starting Pay:      Final Pay:		
Job Title:	Supervisor:		
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		Explain:	

Employer:		Work Performed (Duties) <i>(Include all positions held with this employer.)</i>	
Address:			
Phone Number:	May we contact? Yes      No		
From:      To:	Starting Pay:      Final Pay:		
Job Title:	Supervisor:		
		Reason for Leaving	Voluntary Involuntary
		Explain:	

# Additional Information:

## Other Qualifications:

(Summarize special job-related skills and qualifications acquired from employment or other experiences.)

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State any additional information you feel may be helpful to us in considering your application:

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# References:

Signature Custom Cabinetry, Inc. prefers at least (3) three work-related references (NO PERSONAL REFERENCES) who can attest to your recent job performance, qualifications, and work ethic. Other acceptable references include, but are not limited to: customers, teachers, coaches, mentors, and internship or volunteer coordinators. Make sure you receive permission from these individuals before listing them as references.

Name:	Relationship:	Phone Number:
Email:	Address:	
Name:	Relationship:	Phone Number:
Email:	Address:	
Name:	Relationship:	Phone Number:
Email:	Address:	

**Applicant's Statement:** I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 365 days. 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, unless otherwise defined by applicable law, 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 may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that if offered a position at Signature Custom Cabinetry, Inc. I will be responsible to submit to a drug screen, physical examination, and physical lift test. I understand if I test positive for the presence of a prohibited substance and / or fail to complete the examination / physical lift test or do not authorize the results to be released to Signature, I will receive no further consideration for employment. Furthermore, I also understand a refusal to submit to such a screening test and / or examination or failure to cooperate fully in the testing / screening process will constitute an immediate and voluntary withdrawal of my application for employment. 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.

\_\_\_\_\_  
Signature of Applicant  
(Digital Signature: Please type your full name.)

\_\_\_\_\_  
Date