

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name:				Date:	
	First		Last		
Address:					
	Street	C	ity	State	Zip Code
Email:			Phone	2:	
Are you eligible	e to work in the United S	States?			
Yes	No No				
Are you at leas	t 18 years old or older?	(If no, you may be requi	ired to provide a	uthorization to work.)	
Yes	No No				
Have you ever	been terminated from e	employment or asked to	resign by an em	ployer?	
Yes	No No				
If yes, please p	rovide company name a	nd details:			
Can you work a	any shift?	Can you work ov	vertime, includin	g weekends?	
Yes	No No	Yes	No No		
Are you able to accomodation?		unctions of the job for v	which you are ap	plying, with or without reas	onable

EMPLOYMENT DESIRED

Date you can start:		
Hourly Rate/Salary Desired:		
Postion Desired:		
Are you currently employed?	If so, may we inc	uire of your present employer?
Yes No	Yes	No No
REFERRAL SOURCE		
How did you hear about us?		
Have you ever worked for this company befo	pre?	
Yes No		
If yes, please explain:		
Do you know anyone that works for this com	ipany?	
Yes No		
If yes, who?		

EDUCATION

High School:	
Name of School:	
Year Graduated:	
College:	
Name of School(s):	Degree(s) Received:
Number of years attended:	Subject(s) Studied:
Trade, Business, or Correspondence School:	
Name of School(s):	Degree(s) Received:
Number of years attended:	Subject(s) Studied:

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration*.

Job Title:	From:	То:
Company Name:	Employer Name:	
Employer Contact:	Address:	
Reason for leaving:		
Summarize the nature of work preformed:		
	From:	
Job Title:	E se de la contra de	
Company Name:	Employer Name:	
Employer Contact:	Address:	
Reason for leaving:		
Summarize the nature of work preformed:		
Job Title:	From:	То:
Company Name:	Employer Name:	
Employer Contact:	Address:	
Reason for leaving:		
Summarize the nature of work preformed:		

Job Title:	From:	То:
Company Name:	Employer Name:	
Employer Contact:	Address:	
Reason for leaving:		
Summarize the nature of work preformed:		

Do you have any special skills, experience, and/or training that would enhance your ability to perform the postion applied for? If yes, please explain:

Computer skills (please describe):	

REFERENCES

Give the names of at least three persons - not related to you - whom you have known for at least three (3) years.

1	Name:	Address:	
	Phone:	Email:	
	Company:	Years Acquainted:	

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Name:	Address:	
Phone:	Email:	
Company:	Years Acquainted:	

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Name:	Address:	
Phone:	Email:	
Company:	Years Acquainted:	

Please read carefully before signing.

Trueline Woodworks, Inc. is an equal opportunity employer. Trueline Woodworks, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Trueline Woodworks, Inc. to hire me. If I am hired, I understand that either Trueline Woodworks, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Trueline Woodworks, Inc. has the authority to make any assurance to the contrary

I attest with my signature below that I have given to Trueline Woodworks, Inc. true and complete information on this application. No requested information has been concealed. I authorize Trueline Woodworks, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____

Date:

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.



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