



# NEW ENGLAND WOODCRAFT

I N C O R P O R A T E D

## Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Type of employment desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Date you will be available to work: \_\_\_\_\_

Hours of the day you are available to work: \_\_\_\_\_

Are you able to meet the attendance requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any objections to working overtime if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if required by this position? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been previously employed by our organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you submit proof of legal employment authorization and identity? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a crime in the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Drivers license number (if driving is an essential job duty): \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

## Employment History

**Please provide all employment information for your past three employers starting with the most recent.**

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

## Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

## Education

School	Name and location of school	Course of study	Completed	Years Completed	Did you Graduate?	Degree or Diploma
High						
Trade Sch.						
College						
Other						

## Military

<b>Complete this section if you served in the U.S. Armed Forces</b>	Branch of Service
Describe your duties and any special training	Period of Active Duty From                      To
	Rank at Discharge
	Date of Final Discharge

## References

Give below the names of three persons not related to you, whom you have known at least three years.

Name	Address	Telephone Number	Years Acquainted
1			
2			
3			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions 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.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NEW ENGLAND WOODCRAFT, INC.  
EMPLOYMENT EEO DATA FORM  
INVITATION TO SELF-IDENTIFY**

**CONFIDENTIAL**

Government contractors are subject to Section 38 USC 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, which required that they take affirmative action to employ and advance in employment qualified disabled veterans, special disabled veterans, and veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**Definitions:**

- 1 *Vietnam era veteran* is a person who served more than 180 days of active service, any part of which was during the period August 5, 1964, through May 7, 1975, and who was discharged or released with other than a dishonorable discharge, or discharged or released because of a service-connected disability; or served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975.
- 2 *Special disabled veteran* means a veteran entitled to compensation under laws administered by the Department of Veteran Affairs for a disability rated at 30 percent or more; or rated at 10 percent or 20 percent if determined to be a serious employment disability; or a person discharged or released from active duty because of service-connected disability.

If you consider yourself to be covered by one or both of these acts and wish to be identified for the purposes of proper placement and appropriate accommodations, please sign below. Submission of this information is voluntary and failure to provide it will not jeopardize employment opportunities at New England Woodcraft, Inc. This information will be kept confidential.

\_\_\_\_ Disabled Veteran

\_\_\_\_ Other Protected Veteran

\_\_\_\_ Armed Forces Service Medal Veteran

\_\_\_\_ Recently Separated Veteran

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Race or Ethnic Group (Please check only one):**

\_\_\_\_ White

\_\_\_\_ African American

\_\_\_\_ Hispanic

\_\_\_\_ Asian or Pacific Islander

\_\_\_\_ American Indian or Alaskan Native

An Equal Opportunity Employer M/F/V/D

**You are not obligated to answer the following questions:**

Birth Date \_\_\_\_\_ Number of dependants \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_