



# APPLICATION FOR EMPLOYMENT

## Great Northern Cabinetry

749 Kennedy Street, Rib Lake, WI 54470  
715-427-5255 | hr@gnci.net  
www.greatnortherncabinetry.com

EMAIL

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### PLEASE PRINT

Position(s) Applied For

How Did You Hear About Us?

Advertisement   Friend   Walk-In   Employment Agency   Relative  
Other (Please Specify Referring Employee)

Last Name

First Name

Middle Name

Address   Number   Street   City   State   Zip Code

Email Address

Telephone Number

(SSN) Social Security #

Are you over the age of 18? (If under 18, hire is subject to reverification of minimum legal age.)   Yes   No

Have you ever filed an application with us before?   Yes   No   If Yes, give date

Are you currently employed?   Yes   No   On what date are you available for work?

Are you available to work:   Full-Time   Part-Time   Summer Help

Can you travel if a job requires it?   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.

Have you been convicted of a felony within the last 7 years?   Yes   No   Conviction will not necessarily disqualify an applicant from employment.  
If yes, please explain:

EDUCATION & WORK HISTORY ON PAGE 2

## EDUCATION (If fields don't apply leave blank.)

### HIGH SCHOOL

Name	City	State	Course of Study	Years Completed	Diploma/GED
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### COLLEGE

Name	City	State	Course of Study	Years Completed	Diploma
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### COLLEGE

Name	City	State	Course of Study	Years Completed	Diploma/Certification
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### TECHNICAL SCHOOL

Name	City	State	Course of Study	Years Completed	Diploma/Certification
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## 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, gender, national origin, disabilities or other protected status.

Fill out completely, including Dates Employed and Hourly Rate/Salary.

Employer	Job Title	Dates Employed
Address	Supervisor	From _____ To _____
Phone Number	Reason for Leaving	Hourly Rate/Salary
Work Performed		Start _____ Final _____

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Work Performed		Start _____ Final _____

## WORK REFERENCES Please list professional references, such as previous supervisors, who can attest to your work performance.

Name	Business Relationship	Phone Number
_____	_____	_____
Name	Business Relationship	Phone Number
_____	_____	_____
Name	Business Relationship	Phone Number
_____	_____	_____

**APPLICANTS STATEMENT:**

I certify that 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 six months. 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.

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 understand that I may be subject to drug testing and that if a positive or tampered test result occurs the job offer may be withdrawn.

**I declare that the particulars stated in this application and documents attached are true and authentic.**

*Signature of the Applicant*

*Save and email this PDF to [HR@gnci.net](mailto:HR@gnci.net) or print and mail/drop off at Great Northern Cabinetry, 749 Kennedy Street, Rib Lake, WI 54470.*

*Date of Application*

**EMAIL**