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BRUCE TWP. MI 48065  
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WWW.DAIEKWOODWORKS.COM  
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### Application for Employment at Daiek Woodworks

We are an equal opportunity employer and do not unlawfully discriminate in employment.

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

Address: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Do you have any objection to working overtime if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_  
Can you travel if required by this position? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been previously employed by our organization? Yes \_\_\_\_\_ No \_\_\_\_\_  
Can you submit proof of legal employment authorization and identity? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you are under 18, can you furnish a work permit if required? 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):  
\_\_\_\_\_  
\_\_\_\_\_

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

### Employment History

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

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Summary: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Summary: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Summary: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**Other Skills and Qualifications**

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

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**Educational History**

List school name and location, years completed, course of study and any degrees earned:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

**References**

List 3 references, telephone numbers and years known (do not include relatives or employers):

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I hereby authorize the potential employer to contact, obtain and verify accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract of employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at anytime, so long as there is no violation of applicable federal law.

I understand that it is policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof with the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_