



Please open the application with Adobe Acrobat Reader to complete the form.

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Applicant Information

Name: _____ Date: _____
Last First M.I. Month Day Year

Address: _____
Street Address Apt/Unit # City State Zip Code

Phone: _____ Email: _____

Position Applying For: _____ Can you work any shift? No Yes

Date Available: _____ Desired Wage: \$ _____ Per Hour or Per Year
Month Day Year

Are you authorized to work in the U.S. and are you able to provide documents? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

How did you hear about us? _____ Referred by: _____

Incomplete information could disqualify you from further consideration. Please print legibly.

Frontier Door & Cabinet is an equal opportunity employer. Frontier Door & Cabinet does not discriminate in employment with regard to race, color, religion, national origin, citizenship, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or any other characteristic protected by law.

Education

High School: _____ Completed? Y N
Name City State

College: _____ Completed? Y N
Name City State

Other: _____ Completed? Y N _____
Name City State Certification/License

References – Please list three professional references

Name: _____ Phone: _____
Last First

Company: _____ Email: _____ Relationship: _____

Name: _____ Phone: _____
Last First

Company: _____ Email: _____ Relationship: _____

Name: _____ Phone: _____
Last First

Company: _____ Email: _____ Relationship: _____

Previous Employment

Company: _____ Email: _____ Phone: _____

Address: _____
Street Address Suite/Unit # City State Zip Code

Job Title: _____ Supervisor: _____

Responsibilities: _____

From _____ To _____ Reason for leaving: _____
Month Year Month Year

May we contact your previous employer/supervisor for a reference? Yes No

Company: _____ Email: _____ Phone: _____

Address: _____
Street Address Suite/Unit # City State Zip Code

Job Title: _____ Supervisor: _____

Responsibilities: _____

From / / To / / Reason for leaving: _____
Month Year Month Year

May we contact your previous employer/supervisor for a reference? Yes No

Company: _____ Email: _____ Phone: _____

Address: _____
Street Address Suite/Unit # City State Zip Code

Job Title: _____ Supervisor: _____

Responsibilities: _____

From / / To / / Reason for leaving: _____
Month Year Month Year

May we contact your previous employer/supervisor for a reference? Yes No

Military

Branch: _____ From / / To / /
Month Year Month Year

Rate/Position: _____ Rank at discharge: _____

Disclaimer and Signature

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Please read the following carefully before signing this application.

In consideration of my employment, I agree that my employment and compensation can be terminated for any reason or for no reason at all, and at any time, at the option of either the employer or myself. I further understand that no representative of the employer, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I authorize the employer to solicit information regarding the information provided in this application, and to contact any and all referenced, which I have given. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of furnishing such information.

I understand that after receiving an offer of employment, final employment with the employer will be conditioned upon satisfactory results of a background check and a drug screen. I further understand that I will be subject to further drug and alcohol test pursuant to the policies of the employer.

I further understand that eligibility for binding is a requirement of the employer. I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: / /
Month Day Year