

Linton Cabinet Shop, Inc.

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with equal opportunity laws, we do not discriminate on the basis of race, religion, national origin, color, sex, age, or handicap. All applicants are given equal opportunity and selection decisions are based on job-related factors.

Introduction

Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT legibly, except for signature on back of application. All information you give on this application will be held in strict confidence.

TODAY'S DATE _____

PERSONAL INFORMATION

NAME _____

ADDRESS _____

HOME PHONE () _____ SOCIAL SECURITY NUMBER _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____ PHONE NUMBER () _____

WORK HISTORY

If presently employed, why do you wish to change your position? _____

Were you ever discharged or requested to resign from a position? _____

If yes, explain _____

Do you have any present outside business activities or part time jobs? _____

If yes, explain _____

EMPLOYMENT HISTORY

1. Current or most recent employer _____

Employed from _____ to _____.

Address _____

May we contact this employer for reference? ____ yes ____ no Phone Number (____) _____

Name and title of last supervisor _____

Your current position or last position and duties _____

Your starting position and duties _____

Reason(s) for leaving _____

Current or last base pay Annual \$ _____ Initial base pay \$ _____

Date of last raise _____ Amount \$ _____

2. Employer _____ Employed from _____ to _____.

Address _____

May we contact this employer for reference? ____ yes ____ no Phone Number (____) _____

Name and title of last supervisor _____

Your current position or last position and duties _____

Your starting position and duties _____

Current or last base pay Annual \$ _____ Initial base pay \$ _____

3. Employer _____ Employed from _____ to _____.

Address _____

May we contact this employer for reference? ____ yes ____ no Phone Number (____) _____

Name and title of last supervisor _____

Your current position or last position and duties _____

Your starting position and duties _____

Current or last base pay Annual \$ _____ Initial base pay \$ _____

EDUCATIONAL BACKGROUND

| University/College | Major | Dates Attended | Degree |
|--------------------|-------|----------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PHYSICAL LIMITATIONS

Do you have any physical limitations which would adversely effect performance on the job for which you are applying? Your job may require lifting of items in excess of 30 lbs.

____ yes ____ no

If yes, explain _____

Would you take a physical examination if required? ____ yes ____ no

PERSONAL REFERENCES

| Name, Organization, and Address | Telephone No. | Title |
|---------------------------------|---------------|-------|
| 1. _____ | _____ | _____ |
| _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| _____ | _____ | _____ |

WORK KNOWLEDGE

1 . Do you have any experience at building cabinets? ____ yes ____ no . If yes, cabinet construction types? ____ Face frame ____ Frame less

How many years experience? _____

2. Have you ever generated a cut list for cabinets, doors, drawers, etc. ____ yes ____ no

3 . Do you have any experience at building mortis & tenon cabinet doors? ____ yes ____ no

4 . Have you ever setup or operated a shaper? ____ yes ____ no . If yes explain what types of applications? _____

5 . Have you ever worked with laminates or veneers? ____ yes ____ no . If yes please specify applications _____

6 . Have you ever operated a spray gun for spraying contact cement, lacquer, varnish, paint, etc...? ____ yes ____ no . If yes please specify applications _____

7 . Have you ever installed cabinet hardware? ____ yes ____ no . If yes please specify _____

8 . Have you ever installed cabinets, bookcases, mantels, counter tops, etc.? ____ yes ____ no
If yes please specify _____

9. Have you ever installed base, chair rail, window/door casing, dentil moulding, crown moldings, etc.? ____ yes ____ no . If yes please specify _____

10. Do you have any computer experience? ____ yes ____ no . If yes please specify what programs you are familiar with and can operate. _____

11. Is there any specific qualifications that were not mentioned above that you feel would be of particular interest to our company? _____

12. What are your career objectives? _____

AGREEMENT AND CERTIFICATION

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

Signature _____ Date _____

Please return the application to:

Linton Cabinet Shop, Inc.
204 Abrecht Place
Frederick, MD 21701-4918
Phone/Fax: 301-662-6974

Directions can be found on the Contacts page of our website. www.LintonCabinet.com

This application will remain valid until the position applied for is filled or for a period of six months, whichever comes sooner. To receive further consideration after such period, a new application must be filed.