



Please select the location that you are applying to work at.

- 40 Walker Street  
Lincoln, RI 02865  
401 726-2660
- 7475 Henry Clay Blvd.  
Syracuse, NY 13220  
315 451-6699
- 600 Brighton Street  
Bethlehem, PA 18017  
610 867-6160
- 1302 Goldsboro Road  
Barclay, MD 21607  
410 438-3102
- 1022 W. Valley Hwy.  
Seattle, WA 98032  
253 872-0862

## Application for Employment

Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin or veteran status.

**PLEASE PRINT AND COMPLETE FULLY.**

Last Name	First	Middle	Date
Street Address			Telephone (   )
City,	State,	Zip	Social Security #

### NOTICE!

- Testing for illegal or unauthorized drug use is part of our pre-employment procedure. Drugs used in the past thirty (30) days or longer may test positive.
- If you do not expect to pass this test, do not fill out an application at this time.

## Education:

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location:				
Years Completed <i>Check one</i>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Did You Graduate? <i>Check Yes or No</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Course of Study:				

Describe any specialized training, internship, skills or extracurricular activities:

List any honors you have received:

## References:

*(List three people not related to you):*

Name	Address	Business Telephone
1.		( )
2.		( )
3.		( )

## Military:

If you served in U.S. Armed Forces, what branch? \_\_\_\_\_

Date of enlistment: \_\_\_\_\_ Discharge: \_\_\_\_\_

Pay grade at time of discharge \_\_\_\_\_

Please list any awards or commendations received \_\_\_\_\_

Did you ever receive an article 15 or more serious discipline?  Yes  No

If yes, explain: \_\_\_\_\_

Discharge status: \_\_\_\_\_

# Personal Information

Are you at least 18 years of age?  Yes  No

Have you ever filed an application with Reeb Millwork Corporation?  Yes  No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with Reeb Millwork Corporation?  Yes  No  
If yes, give dates: \_\_\_\_\_  
 Full Time  Part Time **(Check One)**

Are you available to work overtime?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Position desired?  Warehouse  Office  
 Other? \_\_\_\_\_

Type of work applying for \_\_\_\_\_

Apart from religious observances, are you available for full time work?  Yes  No  
If yes, what shift would you be available for?  1st Shift  2nd Shift  3rd Shift

Wage desired? \_\_\_\_\_

Referred by?  Advertisement  Friend  Walk-in  
 Employment Agency  Relative  
 Other \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

Is yes, please explain: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

In case of emergency, notify the following person:

Name	Address	Telephone	Relationship
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# Employment:

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

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**1.** Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Address: \_\_\_\_\_ Employed: (State, month and year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

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Name of Supervisor: \_\_\_\_\_ Weekly Pay:  
Start: \_\_\_\_\_ Last: \_\_\_\_\_

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State Position and Describe Your Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**2.** Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Address: \_\_\_\_\_ Employed: (State, month and year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

---

Name of Supervisor: \_\_\_\_\_ Weekly Pay:  
Start: \_\_\_\_\_ Last: \_\_\_\_\_

---

State Position and Describe Your Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**3.** Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Address: \_\_\_\_\_ Employed: (State, month and year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

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Name of Supervisor: \_\_\_\_\_ Weekly Pay:  
Start: \_\_\_\_\_ Last: \_\_\_\_\_

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State Position and Describe Your Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**4.** Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Address: \_\_\_\_\_ Employed: (State, month and year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

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Name of Supervisor: \_\_\_\_\_ Weekly Pay:  
Start: \_\_\_\_\_ Last: \_\_\_\_\_

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State Position and Describe Your Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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## Reeb's Customer Service Objective:

We must be certain that we provide for all our customers what they want, when they want it, where they want it, on every item of every order, every time. Acceptance of employment at Reeb indicates your ability and willingness to help us achieve the above objective. This includes but is not limited to overtime, training, on-the-job education and a burning desire to do your very best, all day, every day to ensure customer satisfaction.

I certify that the information contained in this application is correct to the best of my knowledge. I authorize Reeb Millwork Corporation and their agents to investigate my previous work history including, but not limiting to, inquiries into my attendance/lateness record, attitude, work performance, etc. I understand that, under company policy, falsification of this application in any detail is grounds for disqualification from further consideration of or dismissal from employment and compensation.

I agree to conform to the rules of this company. I understand that if hired I will be employed "at will" and the company or I can end my employment and compensation, with or without cause, and with or without notice at any time. I further understand that my status as an at-will employee could only be changed by a written employment agreement signed by the President of the company and by no other means or person. By signing this, I acknowledge that I understand and agree with the above information.

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