



APPLICATION FOR EMPLOYMENT

Potential associates WILL BE REQUIRED to submit to a pre-employment drug test. Employment with Bertch Cabinet, LLC. will be pending the outcome of the drug test.

PERSONAL

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY #
PRESENT PERMANENT ADDRESS		CITY	COUNTY	STATE ZIP
HOME PHONE #	CELL #	EMERGENCY CONTACT		EMERGENCY PHONE #
APPLYING FOR:	HAVE YOU BEEN EMPLOYED AT BERTCH BEFORE?		STATE AGE IF UNDER 18	US CITIZEN:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION FOR WHICH YOU ARE APPLYING:			LOCATION PREFERRED:	
<input type="checkbox"/> PRODUCTION <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER _____ PLEASE SPECIFY			<input type="checkbox"/> WATERLOO <input type="checkbox"/> OELWEIN <input type="checkbox"/> JESUP	
ANY SHIFT YOU CANNOT WORK?			DATE AVAILABLE	SALARY EXPECTED
<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, STATE WHICH _____				

EDUCATION & TRAINING

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	FROM	TO	DIPLOMA/DEGREE	MAJOR
HIGH SCHOOL/ GED					
TRADE SCHOOL/ COLLEGE					
OTHER (SPECIFY)					

ARE YOU CURRENTLY PURSUING FURTHER STUDIES? YES NO

IF SO, WHAT COURSES AND WHEN? _____

AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE - LIST, BEGINNING WITH MOST RECENT

NAME OF EMPLOYER					
ADDRESS	STREET	CITY	STATE	ZIP	PHONE
DATES EMPLOYED		SALARY			NAME OF SUPERVISOR
FROM	TO	STARTING:	LEAVING:		
DUTIES					
REASON FOR LEAVING				MAY WE CONTACT?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER					
ADDRESS	STREET	CITY	STATE	ZIP	PHONE
DATES EMPLOYED		SALARY			NAME OF SUPERVISOR
FROM	TO	STARTING:	LEAVING:		
DUTIES					
REASON FOR LEAVING				MAY WE CONTACT?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER					
ADDRESS	STREET	CITY	STATE	ZIP	PHONE
DATES EMPLOYED		SALARY			NAME OF SUPERVISOR
FROM	TO	STARTING:	LEAVING:		
DUTIES					
REASON FOR LEAVING				MAY WE CONTACT?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORK EXPERIENCE - CONTINUED

NAME OF EMPLOYER					
ADDRESS	STREET	CITY	STATE	ZIP	PHONE
DATES EMPLOYED		SALARY			NAME OF SUPERVISOR
FROM	TO	STARTING:	LEAVING:		
DUTIES					
REASON FOR LEAVING				MAY WE CONTACT?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER					
ADDRESS	STREET	CITY	STATE	ZIP	PHONE
DATES EMPLOYED		SALARY			NAME OF SUPERVISOR
FROM	TO	STARTING:	LEAVING:		
DUTIES					
REASON FOR LEAVING				MAY WE CONTACT?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER					
ADDRESS	STREET	CITY	STATE	ZIP	PHONE
DATES EMPLOYED		SALARY			NAME OF SUPERVISOR
FROM	TO	STARTING:	LEAVING:		
DUTIES					
REASON FOR LEAVING				MAY WE CONTACT?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE
ADDRESS STREET	CITY	STATE ZIP

NAME	RELATIONSHIP	PHONE
ADDRESS STREET	CITY	STATE ZIP

NAME	RELATIONSHIP	PHONE
ADDRESS STREET	CITY	STATE ZIP

APPLICANT'S CERTIFICATION

NOTE: PLEASE READ CAREFULLY BEFORE SIGNING.

THE INFORMATION AND ANSWERS TO THE QUESTIONS ASKED IN THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY INCORRECT OR MISLEADING INFORMATION MAY BE CAUSE FOR DISMISSAL IF HIRED. I GRANT PERMISSION TO THE EMPLOYER TO INVESTIGATE MY REFERENCES AND I AUTHORIZE MY REFERENCES TO PROVIDE ANY INFORMATION TO THE COMPANY WHICH THEY DEEM APPROPRIATE. IF MADE, THIS INQUIRY MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION AND PERSONAL CHARACTERISTICS.

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

SIGNATURE: _____ **DATE:** _____

*** APPLICATION EXPIRES IN SIX MONTHS ***

FOR OFFICE USE ONLY

DATE: _____ RATE: _____

WORK LOCATION: _____ DEPARTMENT: _____

APPROVED BY: _____

HR-07/02

DRUG SCREEN: _____

CONTACT @ OCC. HEALTH: _____

ORIENTATION DATE: _____

START DATE: _____ SHIFT: _____



WRITTEN REQUEST FOR REFERENCE FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Bertch Cabinet Mfg., Inc. for purposes of securing employment. In consideration of your help, I hereby waive any claim against you regarding such information.

Signed By _____

Social Security # _____

Date _____

APPLICANT: DO NOT WRITE BELOW LINE

Date _____

Name _____ Social Security # _____

has applied to us for employment as _____ and has stated that

he/she was in your employ from _____ to _____ in the capacity of

Please complete and return the following form ASAP to the address below so that the application can be processed.

PO Box 2280, Waterloo, IA 50704
Ph: (319) 268-2485
Fax: (319) 296-2315


Mitzi Z. Tann, Human Resource Director

Are the above dates of employment correct? Yes No

Title of last position held _____

Ending salary/pay _____ Eligible for rehire? _____

Reason for leaving _____

Please rate the following characteristics as	Poor	Acceptable	Excellent	Comments
Ability to learn quickly	_____	_____	_____	_____
Quality of work performed	_____	_____	_____	_____
Punctuality/attendance	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____
Cooperation/teamwork skills	_____	_____	_____	_____
Performs work with minimal instruction	_____	_____	_____	_____
Initiative to do more than expected	_____	_____	_____	_____

Additional comment: _____

Firm Name _____

Completed by _____ Title _____

Date _____

NOTE: DO NOT REMOVE FROM APPLICATION