



APPLICATION FOR EMPLOYMENT

**Bertch Cabinet Manufacturing is a drug-free environment.
Employees are subject to post-accident testing and reasonable suspicion testing.**

PERSONAL

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

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