

**Please fill out all  
forms and  
application with  
the correct  
spelling of your  
name as listed on  
your Social  
Security Card.  
Thank you.**



# Austin Millwork and Cabinetry

Employment Application: TO BE COMPLETED IN FULL- NO "SEE RESUME" ACCEPTED

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  A record of conviction will not necessarily bar the applicant from employment

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

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment-TO BE COMPLETED IN FULL- NO "SEE RESUME" ACCEPTED**

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Are you a Veteran? Yes  No

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I also understand, I may be asked to provide additional documentation to verify above stated education, salary, and work history.*

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

Signature: \_\_\_\_\_ **(No E-Signatures accepted)** Date: \_\_\_\_\_



AUSTIN MILLWORK & CABINETRY

## Employment Verification Release

To: \_\_\_\_\_  
(Insert each company's name AMC may contact)

I, \_\_\_\_\_, request verification of my employment be to given Austin Millwork & Cabinetry. Please release my **title, dates of employment, salary, and reason for leaving** information.

\_\_\_\_\_  
Signature- (No E-Signatures accepted)

\_\_\_\_\_  
Date  
(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

### **DO NOT WRITE BELOW: TO BE COMPLETED BY PREVIOUS EMPLOYER**

Dates: \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Rehire: Yes or No

**Return to:  
Human Resources  
6440 S. Polaris Ave  
Las Vegas, NV 89118  
702-730-0078 Fax 702 914-9814**



AUSTIN MILLWORK & CABINETY

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\_\_\_\_\_  
Signature (No E-Signatures accepted)

\_\_\_\_\_  
Date  
( ) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

### **DO NOT WRITE BELOW: TO BE COMPLETED BY PREVIOUS EMPLOYER**

Dates: \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_

Salary: \_\_\_\_\_

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\_\_\_\_\_  
Signature (No E-Signatures accepted)

\_\_\_\_\_  
Date  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

**DO NOT WRITE BELOW: TO BE COMPLETED BY PREVIOUS EMPLOYER**

Dates: \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_

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**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Austin Millwork & Cabinetry in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

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

(No E-Signatures accepted)

WITNESS:

Print Name: \_\_\_\_\_

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