

Application Date:

Silver Star Industries, Inc. Employee Application

Name & Address	
Name (Last, First, M.I.)	Home Telephone:
Mailing Address:	Work Telephone:
City, State, Zip Code:	Message (if different):

Work Schedule		
Check one: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Any	Check one: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Either	Date you can report for work:

List your last three employers for employment verification and reference		
Name of Employer	Employer's address and phone number	
Kind of Business	Supervisor's name and phone number	
Your job title	From (Month – Year)	To (Month – Year)
Total time in position	Hours worked per week (average):	Hourly Pay
Duties (List all duties you performed):		
Name of Employer	Employer's address and phone number	
Kind of Business	Supervisor's name and phone number	
Your job title	From (Month – Year)	To (Month – Year)
Total time in position	Hours worked per week (average):	Hourly Pay
Duties (List all duties you performed):		
Name of Employer	Employer's address and phone number	
Kind of Business	Supervisor's name and phone number	
Your job title	From (Month – Year)	To (Month – Year)
Total time in position	Hours worked per week (average):	Hourly Pay
Duties (List all duties you performed):		

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Education/Training History			
Do you have a high school diploma or GED certificate?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
List colleges, military, trade, business or other schools attended.			
Name and Location of School	Course of Study (List Major)	Graduated (Yes/No)	Type of Degree or certification earned
A			
B			
C			
Specialized Skills or Knowledge			
List any skills or knowledge that show your ability to perform the job for which you are applying			
Physical Requirements			
The position of cabinet maker requires the physical capacity to lift up to 75 lbs, remain on your feet for long periods of time, and reasonable dexterity with hands. Do you have any physical limitations that might preclude you from the above?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, please list in detail below.			
Certification and Signature			

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, termination if discovered after employment.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize my driving record be checked if the position for which I am applying requires driving.
- I authorize Silver Star Cabinets, Inc. to verify the employment and education information provided on this employment application.
- I understand and agree to a pre-employment physical (if applicable to position) and drug screening.

Signature (must be in ink)	Date
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AN EQUAL OPPORTUNITY EMPLOYER: We are an equal opportunity employer and do not discriminate based upon race, color, religion, sex, sexual orientation, pregnancy, marital status, national origin, citizenship, veteran status, ancestry, age (over 40), physical or mental disability, medical condition (cancer-related), gender identity or expression, genetic information including sickle cell or hemoglobin C trait, or any other consideration made unlawful by applicable federal, state, or local law.