



Application For Employment

We are an Equal Opportunity Employer and do not discriminate against any individual in any phase of employment in accordance with requirements of local, state & federal laws. All employees are at-will employees.

Please Print

Please mail, email or deliver this Application to:
 Certified Wood Products, Inc.
 PO Box 895. 700 6th Street NW. Maple Lake, MN 55358
brent@certifiedwood.net 320-963-1500

PERSONAL INFORMATION

First and Last Name: _____

Mailing Address: Street/City/State/Zip: _____

Mobile Phone: _____ Home/Alternate Phone: _____

Email Address: _____

Best Time And Way To Reach You: _____

EMPLOYMENT INFORMATION

Position Desired: _____ Salary Expectations: _____

If hired, are you able to submit verification of your legal right to work in the United States? _____

Labor laws prohibit you from doing our work if you are under the age of 18. Are you at least 18 years old? _____

Do you possess a valid Minnesota Driver's License? _____ Expiration Date: _____ Class: _____

Can you perform the essential job functions of the position for which you are applying with or without reasonable accommodation? _____

Are you able to work overtime, sometimes unexpectedly? _____

EDUCATION & TRAINING

Have you graduated from High School or obtained a GED? _____ Highest grade completed: _____

Name of last school attended and location: _____

Type Of School: Vocational, Technical, College, University	School Name & Location	Did You Graduate? Yes or No	Name of Certificate or Degree	Field of Study

DESCRIBE ANY SPECIAL SKILLS, QUALIFICATIONS, PROFESSIONAL LICENCES & MILITARY EXPERIENCE

DESCRIBE ANY OTHER INFORMATION YOU BELIEVE CERTIFIED WOOD PRODUCTS SHOULD KNOW, INCLUDING VOLUNTEER/UNPAID EXPERIENCES:

EMPLOYMENT EXPERIENCE

List the Names and Addresses of Previous Employers During the Last Five Years. Begin With the Most Current Employer.

Employer One

Name: _____

Address: _____

Phone Number(s): _____

Job Title(s): _____

Supervisor(s) and Title(s): _____

Dates Employed: From: _____ To: _____ Full Time or Part Time? _____

Work Duties:

Other important information about your work at this employer:

Reason for Leaving: _____

Employer Two

Name: _____

Address: _____

Phone Number(s): _____

Job Title(s): _____

Supervisor(s) and Title(s): _____

Dates Employed: From: _____ To: _____

Work Duties:

Other important information about your work at this employer:

Reason for Leaving: _____

Employer Three

Name: _____

Address: _____

Phone Number(s): _____

Job Title(s): _____

Supervisor(s) and Title(s): _____

Dates Employed: From: _____ To: _____

Work Duties:

Other important information about your work at this employer:

Reason for Leaving: _____

Employer Four

Name: _____

Address: _____

Phone Number(s): _____

Job Title(s): _____

Supervisor(s) and Title(s): _____

Dates Employed: From: _____ To: _____

Work Duties:

Other important information about your work at this employer:

Reason for Leaving: _____

Employer Five

Name: _____

Address: _____

Phone Number(s): _____

Job Title(s): _____

Supervisor(s) and Title(s): _____

Dates Employed: From: _____ To: _____

Work Duties:

Other important information about your work at this employer:

Reason for Leaving: _____

THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU. If you do not have 3 professional references, then list personal references not related to you.

Name & Title	Address	Phone	Relation to You/Your Work

AUTHORIZATION AND CERTIFICATION

Certified Wood Products, Inc. reserves the right to perform a Background Check on any applicants selected for an interview. We reserve the right to require drug tests and/or a physical for any applicant.

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials, including interview statements, I submit/discuss may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I authorize any of the persons or organizations referenced in this application to give Certified Wood Products any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

This Application is not an employment agreement. Employment with Certified Wood Products, Inc. is at will. If I accept an offer of employment, I understand that Certified Wood Products may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I fully understand and accept all terms and conditions in the above statement.

Applicant Signature: _____

Date: _____