

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
 (Application is Valid for only 90 days)



Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

 Last Name (Please Print)

 First

 Middle

 Present Address: Street

 City/State

 Zip Code

 Social Security #

 Telephone #

 Date

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever been convicted of any crime? Yes No

Have you ever had adjudication withheld for any crime? Yes No

If **Yes** to either question as to crimes, give details as to the type of crime, the date of the conviction and the penalty imposed. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you 18 years of age or older? Yes No

Position applying for: _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State/Zip Code of each	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus, Night or Corres.				

Other Skills: List any other job-related skills or qualifications that support your application.

Honors Received: _____

In order to check work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If **Yes**, list names and dates

Have you had prior educational experience which related to the job for which you are applying? ____ Yes ____ No

If Yes, describe:

Are you a veteran of the U.S. Military Service? ____ Yes ____ No	If Yes, what branch of service? _____
If Yes, beginning date and ending date of active duty:	From: _____ To: _____
	Year/Month Year/Month
Date of Discharge from Military Service: _____	

EMPLOYMENT EXPERIENCE

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment**, **self-employment** and **military service**. (Attach separate paper(s), if necessary.)

1	Employer	Dates Employed (From/To)	Immediate Supervisor
Address			
Job Title			
Hourly Rate/Salary (Starting/Final)		Telephone Number	
Work Performed			
Reason for leaving			

2	Employer	Dates Employed (From/To)	Immediate Supervisor
Address			
Job Title			
Hourly Rate/Salary (Starting/Final)		Telephone Number	
Work Performed			
Reason for leaving			

ADDITIONAL EMPLOYMENT EXPERIENCE

3	Employer	Dates Employed (From/To)	Immediate Supervisor
Address			
Job Title	Hourly Rate/Salary (Starting/Final)		Telephone Number
Work Performed			
Reason for leaving			

4	Employer	Dates Employed (From/To)	Immediate Supervisor
Address			
Job Title	Hourly Rate/Salary (Starting/Final)		Telephone Number
Work Performed			
Reason for leaving			

5	Employer	Dates Employed (From/To)	Immediate Supervisor
Address			
Job Title	Hourly Rate/Salary (Starting/Final)		Telephone Number
Work Performed			
Reason for leaving			

Have you ever been known by any other name? Yes No

If **Yes**, provide names _____

Have you ever been dismissed or forced to resign from any employment? Yes No

If **Yes**, please explain _____

Have you ever been disciplined or fired for insubordination? Yes No

If **Yes**, please explain _____

Have you ever been disciplined or discharged for violating a safety rule? Yes No

If **Yes**, please explain _____

Have you ever been disciplined or fired for fighting, assault or similar offenses? Yes No

If **Yes**, please explain _____

Have you ever been sued for intentional tort (such as fraud, assault, battery, etc.)? Yes No

If **Yes**, please explain the nature of the tort or sort and the disposition of the action.

(Attach separate paper if necessary.) _____

IN CASE OF EMERGENCY, NOTIFY:

Name	Phone Number	Relationship
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Address	City/State
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Do you have transportation to work? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No

If **Yes**, please explain _____

Do you have any friends or relatives who work here? Yes No

Name	Relationship
Name	Relationship

Spouse Name	Address	Place of Employment
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Are you now employed? Yes No

Are you on a layoff? Yes No

Are you subject to recall? Yes No

May we contact your Present Employer? Yes No

Previous Employer? Yes No

Please identify any exceptions and reasons for not contacting prior employers:

CHARACTER REFERENCES

List three *not related* to you, whom you have known at least one year

Name	Address & Telephone	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List any other information or remarks that you wish to have considered as a part of your application for employment.

Have you filed an application here before? Yes No If **Yes**, give date _____

Have you ever been employed here before? Yes No If **Yes**, give dates _____

APPLICANT: LIST OF EQUIPMENT USED

Sewing Machine	Yes ___ No ___	Type _____	Industrial
Air Staple Gun	Yes ___ No ___	Type 1/2" or 2" _____	Industrial
Air Nail Gun	Yes ___ No ___	Type _____	Industrial
Air Screwdriver	Yes ___ No ___	Type _____	Industrial
Air Impact Gun	Yes ___ No ___	Type _____	
Bandsaw	Yes ___ No ___	Type 14" Cut _____	
Cushion Fill Machine	Yes ___ No ___	Type _____	Vertical
Double Welt Machine	Yes ___ No ___	Type _____	Industrial
Drill Press	Yes ___ No ___	Type _____	Single
Elect. Circular Knife	Yes ___ No ___	Type _____	Fabric
Elect. Drill	Yes ___ No ___	Type _____	
Elect. Straight Knife	Yes ___ No ___	Type _____	Fabric
Elect. Foam Saw	Yes ___ No ___	Type _____	
Fiber Blowing Machine	Yes ___ No ___	Type _____	
Gang Rip Saw	Yes ___ No ___	Type _____	Industrial
Mult. Drill Machine	Yes ___ No ___	# of drills to setup _____	
Pop Saw/Chop Saw	Yes ___ No ___	Type _____	Industrial
Router	Yes ___ No ___	Type _____	
Receiving Documents	Yes ___ No ___	Type _____	
Quilt Sewing Machine	Yes ___ No ___	Type _____	Industrial
Safety Weight Belt	Yes ___ No ___	Type _____	
Scissors (shears)	Yes ___ No ___	Type 16"-12" _____	
Shipping Documents	Yes ___ No ___	Type _____	
Serger Sewing Machine	Yes ___ No ___	Type _____	Industrial
Shipping Dollie	Yes ___ No ___	Type _____	
Staple Puller	Yes ___ No ___	Type _____	
Steel Mesh Glove	Yes ___ No ___	Type: Meat or Fabric _____	
Tape Measure	Yes ___ No ___	Type _____	Inches
Table Saw	Yes ___ No ___	Type _____	Industrial
Foam Loading Machine	Yes ___ No ___	Type _____	
Forklift	Yes ___ No ___	Size _____	
Truck	Yes ___ No ___	Size _____	
Zipper Sewing Machine	Yes ___ No ___	Type _____	Industrial
Computer	Yes ___ No ___		
Telephone Switchboard	Yes ___ No ___	Type 8 or more lines _____	
Scheduling Documents	Yes ___ No ___	Type _____	
Driver Truck Logs	Yes ___ No ___		
Accounting Documents	Yes ___ No ___	Other Equipment used: _____	
Accounting Programs	Yes ___ No ___		
Payroll Programs	Yes ___ No ___		

**WE WILL REQUIRE AN EQUIPMENT TEST OF EACH QUALIFIED APPLICANT.
THIS EQUIPMENT TEST HELPS TO QUALIFY YOU FOR A POSITION.**

(Print) I _____ have honestly and accurately completed this questionnaire and I am aware that any less than an honest answer will disqualify me for a position with this company.

Signature _____

Date _____

NOTICE TO APPLICANTS

This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts, or incomplete information provided in the application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business, practice, or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) had the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should re-apply.

Signature _____

Date _____

This employer is an equal opportunity employer. We adhere to a policy making employment decisions without regard to race, color, age, sex, religion, natural origin, disability, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

NOTICE TO APPLICANTS

DRUG-FREE WORKPLACE POLICY

I hereby acknowledge that I have received and read a summary of the Company's Drug-Free Workplace Policy, a summary of the drugs which may alter the effects of a drug test and a list of local EMPLOYEE ASSISTANCE PROGRAMS and drug/alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I understand that I must abide by the policy as a condition of employment. Any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs and alcohol. I understand that submission to such test is a condition of employment with the Company, and discharge may result if:

- 1) I refuse to consent to such testing
- 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations
- 3) I refuse to authorize release of the test results to the Company
- 4) The tests establish a violation of the Company's drug-free workplace policy
- 5) I otherwise violate the policy

If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Worker's Compensation Act.

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND MYSELF

THE UNDERSIGNED FURTHER STATES HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Signature _____

Date _____

OVER THE COUNTER AND PRESCRIPTION DRUGS WHICH COULD ALTER OR EFFECT THE OUTCOME OF A DRUG TEST

ALCOHOL:

All liquid medications containing Ethyl Alcohol (Ethanol)
Please read all label for alcohol content.
Vick's Nyquil is 25% (50 proof) Ethyl Alcohol
Comtrex is 20% (40 proof)
Contac Severe Cold Formula Night Strength is 25% (50 proof)
Listerine is 26.9% (54 proof)

AMPHETAMINES:

Pbetrol, Biphphetamine, Desoxyn, Didrex

CANNABINIODS:

Marinol (Dronabinol)

PHENCYCLIDINE:

NOT LEGAL BY PRESCRIPTION

METHAQUALONE:

NOT LEGAL BY PRESCRIPTION

OPIATES:

Paregoric, Parapetolin, Donnagle PC, Morphine, Tylenol with Codeine, Empirine with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatruss AC, Novahistine Expectorant, Dilaudid (hydromorphone), M-S Contin and Raxanol (morphine silfate), Percodan, Vicodan, etc...

BARBITURATES:

Phenobarbital, Tuinal, Amytal, Numbutal, Seconal, Lotusate, Fiorinal Fiores, Butisol, Butalbital, Phrenilin, Triad, etc...

BEBZODIANZEPHINES:

Ativan, Azene, Clonopin, Diazepam, Librion, Sarax, Tranxene, Valium, Verstan, Halcion, Paxtpam, Centax

METHADONE:

Dolophine, Methadose

PROPOXYPHENE:

Darvocet, Darvon N, Dolene, etc.

LIST OF ALL DRUGS THE EMPLOYER MAY TEST FOR

1. **ALCOHOL** (Booze)
2. **AMPHETAMINES** (Binetamin, Desoxyn and Dexedrine)
3. **CANNABINIODES** (Marijuana, Hashish, Hash Oil, Pot and Joint)
4. **COCAINE** (Coke, Blow and Crack)
5. **PHENCYCLIDINE** (PCP and Angel Dust)
6. **METHAQUALONE**
7. **OPIATES** (Opium, Dover's Powder and Paregoric)
8. **BARBITURATES** (Phenobarbital, Tuinal and Amytal)
9. **BENZODIAZOPHINES** (Ativan, Azene, Dalamane and Diazepam)
10. **METHADONE** (Dolphine and Methadose)
11. **PROPOXYPHENE** (Darvocet, Darvon-N and Dolene)

**CAPRIS FURNITURE INDUSTRIES, INC.
APPLICANT DRUG TESTING CONSENT FORM**

As a prerequisite of employment, I hereby agree to allow the Company to collect urine samples to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized Company management for appropriate review, and authorize the Company to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the drug testing of my urine if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from consideration for employment.

Further, I understand that if employed by the company, I must abide by the terms of the Company's drug-free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company, and disciplinary action up to and including discharge may result if:

- 1.) I refuse to consent to such testing
- 2.) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations.
- 3.) I refuse to authorize release of the test results to the Company, if the test establishes a violation of the Company's drug-free workplace policy
- 4.) I otherwise violate the policy.

I HEREBY CONSENT TO THE ADMINISTRATION OF THE DRUG TEST TO THE TERMS AND CONDITIONS OF THE CONSENT AGREEMENT

Signature _____

Date _____

I HEREBY REFUSE THE DRUG DETECTION TEST

Signature _____

Date _____

BELOW ARE SOME OF THE STANDARD WORKING CONDITIONS AT CAPRIS FURNITURE. IF YOU HAVE ANY OBJECTIONS, PLEASE CIRCLE "NO" AND EXPLAIN THE NATURE OF THE OBJECTION.

NOTE: AN OBJECTION DOES NOT NECESSARILY DISQUALIFY AN APPLICANT FROM CONSIDERATION.

WOULD YOU BE WILLING TO:

INITIAL EACH ANSWER

WORK OVERTIME WHEN NEEDED?
(1 hour early or late as needed and Saturday with little or no notice.)

Yes ____ No ____

WORK HOLIDAYS IF NEEDED?

Yes ____ No ____

INTERRUPT YOUR BREAK TO HELP A FELLOW
TEAM MEMBER OR CUSTOMER?

Yes ____ No ____

BE AT WORK ON TIME EVERYDAY?

Yes ____ No ____

REPORT TO WORK AND REMAIN FREE FROM THE
INFLUENCE OF DRUGS AND ALCOHOL?

Yes ____ No ____

WEAR SAFETY EQUIPMENT WHICH IS REQUIRED
FOR YOUR JOB?

Yes ____ No ____

WORK IN AN ENVIROMENT THAT MAY BE HOT,
COLD, DUSTY AND/OR NOISY?

Yes ____ No ____

ABLE TO WORK IN ALL AREAS REQUIRED AS DIRECTED?

Yes ____ No ____

NATURE OF OBJECTIONS:

RATE YOURSELF: CIRCLE THE NUMBER THAT BEST DESCRIBES YOU.

1 = AVERAGE 5 = EXCELLENT

YOU HAVE OR/ARE:

GOOD ATTITUDE	1	2	3	4	5
TRAINABLE	1	2	3	4	5
PRODUCTION ORIENTATED	1	2	3	4	5
GOOD COORDINATION	1	2	3	4	5
TOOL EXPERIENCE	1	2	3	4	5
WILLING TO ASK QUESTIONS	1	2	3	4	5
GOOD WORK ETHIC	1	2	3	4	5
HONEST	1	2	3	4	5
TEAM PLAYER	1	2	3	4	5
GOOD COMMUNICATOR	1	2	3	4	5

COMMENTS:

I have read and understand each question. I have answered each question to the best of my ability.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: _____

Accepted Employment: Yes ____ No ____

Position: _____

Starting Rate: \$ ____ Hr. ____ Wk. ____

Scheduled to start work: ____/____/____

Interviewed by: _____

Date: _____

Approved by: _____

Date: _____