

CLOSET INTERIORS PLUS is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other status protected under local, state or federal laws

Position (s) applied for:	Date of Application:
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How did you learn about us?  
 Newspaper Advertisement    Internet Advertisement    Employee of Closet Interiors Plus    Other  
 Please list name of paper, website, employee, or other source:

Last Name	First Name	Middle Initial		
Street Address	Unit#	City	State	Zip
Telephone Number(s)	Social Security Number (Voluntary) and other name(s) records might be listed under			
E-Mail:	Best Time To Reach You:			

Are you legally eligible to work in the United States (Proof of eligibility will be required upon offer of employment) Yes    No

Are you over 18 years of age? (If no, you may be required to provide authorization) Yes    No

Can you perform the essential functions of this job without special accommodation? (If you have any questions about the functions of this job, please ask the interviewer before answering this question) Yes    No

Have you ever filed an application with us before? If yes, give date(s): \_\_\_\_\_ Yes    No

Have you ever been employed with us before? If yes, give date(s): \_\_\_\_\_ Yes    No

Are you related to anyone employed by Closet Interiors Plus? If yes, state name, relationship and location \_\_\_\_\_ Yes    No

Date Available to Work:	Desired Salary Range:
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Desired Status (Check one):    Full Time    Part Time    Temporary/Internship

Days and Hours Available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Are you currently employed? Yes    No

May we contact your present employer? Yes    No

Are you on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No  
If yes, please explain: \_\_\_\_\_

(A conviction will not necessarily disqualify you.)

Can you travel if the job requires it? Yes No

Do you have a valid driver's license?(For driving positions only.) Yes No  
If yes, please provide number: \_\_\_\_\_

Have you been convicted of any moving violations in the past five years? Yes No  
If yes, please explain: \_\_\_\_\_

(A conviction will not necessarily disqualify you.)

Have you ever been fired from or asked to resign from a job? Yes No  
If yes, please explain: \_\_\_\_\_

(Answering yes will not necessarily disqualify you.)

**EDUCATION**

School	Name & Town of School	Course of Study	# of Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate/Other				

Please list any academic honors, scholarships, offices held, etc. (Please do not list any which reflect your race, color, religion, gender, national origin, age, or any items covered in Title VII of the Civil Rights Act)


Please describe any specialized training, apprenticeships, licenses or skills, including computer skills


Have you received any job-related training in the United States Military? Yes No  
If yes, please give dates and explanations below.


## Work Experience

Start with your present or last job and fill out from most recent to oldest. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disabilities or other protected status. Please attach another page if needed.

Dates Employed: From:	To:	WORK PERFORMED (Use this entire column if necessary)
Employer:		
Address:		
Telephone Number(s)		
Job Title:		
Supervisor:		
Reason For Leaving:		
Salary: Start:	Finish:	May We Contact Yes No

Dates Employed: From:	To:	WORK PERFORMED (Use this entire column if necessary)
Employer:		
Address:		
Telephone Number(s)		
Job Title:		
Supervisor:		
Reason For Leaving:		
Salary: Start:	Finish:	May We Contact Yes No

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Job Title:		
Supervisor:		
Reason For Leaving:		
Salary: Start:	Finish:	May We Contact Yes No

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Dates Employed: From:	To:	WORK PERFORMED (Use this entire column if necessary)
Employer:		
Address:		
Telephone Number(s)		
Job Title:		
Supervisor:		
Reason For Leaving:		
Salary: Start:	Finish:	May We Contact Yes No

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION  
\*PLEASE READ CAREFULLY BEFORE SIGNING\*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by CLOSET INTERIORS PLUS (hereinafter referred to as "CIP") that such employment with CIP is at will, for no specified duration and may be terminated by either CIP or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of CIP or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of CIP except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of CIP.

In consideration for employment with CIP, if employed, I agree to conform to the rules, regulations, policies and procedures of CIP at all times and understand that such obedience is a condition of employment. I understand that due to the nature of CIP business, attendance and punctuality are considered essential requirements of every job at CIP and that poor attendance or tardiness will result in disciplinary action.

I authorize CIP to investigate my personal history including, if any, a record of law enforcement activity, my character and general reputation. I understand that the company, upon my written request, will disclose the nature and scope of any investigation. If this application is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that the company shall advise me and provide me with the name and address of the consumer agency making the report.

I understand that if offered a position with CIP, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CIP and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

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Signature

Date

Name and number of person completing this form if other than applicant:

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CLOSET INTERIORS PLUS IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.