



3277 9th Street SW • Mason City, IA 50401
www.woodharbor.com

*Auxiliary aids and services are available
upon request to individuals with disabilities.*

If you are interested in a career at Woodharbor Custom Cabinetry, please fill out this application or send all inquiries and resumes to the information below:

Woodharbor Custom Cabinetry
Human Resource
3277 9th Street SW
Mason City, IA 50401
hradmin@woodharbor.com
Phone 641-423-0444
Fax 641-423-0345

PERSONAL

Full Name: _____

First

Middle Initial

Last

Current Address: _____

Number

Street

City

State

Zip

Telephone Number: () _____

Social Security Number: _____

Are you 18 years of age or older?
Are you legally able to work in the
United States?

Yes ☐

No ☐

Yes ☐

No ☐

Are you a military Veteran?

Yes ☐

No ☐

If Yes, Dates of

Active Duty: _____

to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?

EMPLOYMENT DESIRED

Job Title: _____

Date you can start: _____

Wage Desired: _____

Are you available for work:

Full-Time ☐

Part-Time ☐

Temp ☐

Seasonal ☐

EDUCATION

Do you have a High School Diploma or GED?

Yes ☐

No ☐

Name of last school attended: _____

City: _____

State: _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):

EMPLOYMENT HISTORY

Former Employment (List employers, **starting with the current or most recent**. Explain all gaps in time of employment.)

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: _____ / _____ / _____ **End Date:** _____ / _____ / _____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: _____ / _____ / _____ **End Date:** _____ / _____ / _____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: _____ / _____ / _____ **End Date:** _____ / _____ / _____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information?

Yes ☐ No ☐

May we contact your present employer? Yes ☐ No ☐

The law prohibits discrimination in hiring due to sex, gender, identity, national origin, age, differing abilities, genetic information, marital status, or veteran in accordance with applicable Federal and State Laws.

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal. By providing an electronic signature (type your name), I certify that all the information in my application is accurate and true.

Signature: _____ **Date:** _____