

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

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

Name of last school attended:

Circle last year of school completed:

Circle the highest degree earned:

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: Middle Initial Last **Current Address:** City Number Street State Zip Telephone Number: () **Social Security Number:** Yes 🗌 Are you 18 years of age or older? Are you a military Veteran? No \square Yes No □ Are you legally able to work in the If Yes, Dates of **United States?** No □ Active Duty: Yes \square 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 □

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

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

City:

6 7 8 9 10 11 12 13 14 15 16 17 18

High School Diploma GED Certificate AA BD MD PHD Other

EMPLOYMENT HIS							
Former Employmen	It (List employers, sta	rting with the curre	ent or mo	st recer	nt. Explain	all gaps in time of emp	loyment.)
Company Name:				Job [*]	Γitle:		
Address:							
Number	Street		City			State	Zip
Start Date:	1 1	End Date:		1	1	Rate of Pay:	
Detailed Job Duties:							
Reason for Leaving:							
Company Name:				Job '	Γitle:		
Address:							
Number	Street		City			State	Zip
Start Date:	1 1	End Date:		1	1	Rate of Pay:	
Detailed Job Duties:							
Reason for Leaving:							
Company Name:				Job	Γitle:		
Address:							
Number	Street		City			State	Zip
Start Date:	1 1	End Date:		1	1	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 Mo or veteran in accordance with applicable Federal and State Laws							ation, marital status,
Please provide any add this position:	ditional information	ı about your abili	ties or i	nterest	s that ma	kes you a good ca	ndidate for
I authorize investigation misrepresentation of fa	acts is cause for di	smissal. By prov	riding a	n electr			
certify that all the infor Signature:	mation in my appli	cation is accurat	e and t	rue.		Date:	