



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? Yes ☐ No ☐ Are you a military Veteran? Yes ☐ No ☐
Are you legally able to work in the United States? 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 age, race, color, creed, sex, national origin, religion, disability or veteran's status.
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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:** _____