



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 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:** _____