jasperchair

534 E 8th Street PO Box 311 Jasper IN 47546 Ph 812-482-5239 Fax 812-482-1066 Email hr@jasperchair.com

Employment Application

Applicant Information									
Full Name:							[Date:	
	First		M.I.	Last					
Address:									
	Street Address							Apartment/Unit ‡	ŧ
	City						State	ZIP Code	
Phone:					Email_				
Date Of Birth:			Social Security No.: (Last 4 digits)						
Desired				,,					
Hourly Wage: \$			Date Available _						
Are you a citizen of the United States?			YES	NO	If no, a	re you	authorized to work	YES in the U.S.?	NO
Have you ever worked for this company			YES	NO	If yes, v	when?			
Have you ev	ver been conv	icted of a felony	? YES	NO					
If yes, expla	ain:								
Preferred De	epartment (Ch	neck All That Ap	ply):						
Lumbery	yard	☐Assembly		□Se	wing				
□Rough Mill □ Hand Sa		☐Hand Sand	ing	□Up	oholstery		□Any		
☐ Machine Room ☐ Finish		☐ Finish		□SI	nipping				
				Edu	cation				
High School:	:			City, St	ate:				
From: (Years)			Did you g		YES	NO	If no, how many comp	years leted:	
College:			c	City, Stat	te <u>:</u>				
From: (Years) Other:	To:		Did you g	ıraduate	YES	NO	If no, how many comp	years leted:	

		Previous Employment						
Company:			Phone:					
Job Title:		Starting Wage:\$	Ending Wage:\$					
Responsibilities:								
	To:		ving:					
Company:			Phone:					
Job Title:		Starting Salary:\$	Ending Salary:\$					
Responsibilities:								
From:	To:	To: Reason for Leaving:						
Company:			Phone:					
Job Title:		Starting Salary:	Ending Salary: \$					
Responsibilities:								
			Reason for Leaving:					
		Military Service						
Branch:		F	From: To:					
Rank at Discharge	ə:	Type of Discha						
If other than honor	rable, explain:							
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
	leads to employment, I unsult in my release.	nderstand that false or misleadi	ing information in my application or					
Signature:			Date:					
Mail, Email, Fax or Jasper Chair PO Box 311 534 E 8 th Street	turn in, in person, completed	l application to:						

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