



220 Arbor Court
Winchester, VA 22602
Office (540) 665-9600
Fax: (540) 665-9679

Date: _____

POSITION(S) APPLYING FOR _____

WAGE / SALARY EXPECTED _____ DATE AVAILABLE TO START _____

HAVE YOU EVER WORKED WITH OUR COMPANY BEFORE? YES NO

IF YES, LIST DATES AND SUPERVISOR'S NAME _____

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ SECONDARY TELEPHONE # _____

WHAT IS YOUR MOTHER'S MAIDEN NAME? _____

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

STATE _____ NUMBER _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

DO YOU HAVE ANY INCOME WITHOLDING FOR CHILD SUPPORT? YES NO

(IF YES, PLEASE FURNISH US WITH A COPY OF THE ORDER)

EDUCATION

INDICATE LAST YEAR COMPLETED

ELEMENTARY SCHOOL HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4

NAME AND ADDRESS OF LAST SCHOOL ATTENDED

DEGREES _____

SPECIAL COURSES / TRAINING OR CERTIFICATIONS _____

SERVICE RECORD

BRANCH _____ DISCHARGED _____

TYPE OF DISCHARGE _____ RANK _____ SERIAL # _____

HOW DID YOU COME TO APPLY

NEWSPAPER _____ WALK-IN _____ HIGH SCHOOL RECRUIT _____

COLLEGE RECRUIT _____ EMPLOYEE REFERRAL _____ (IF SO WHOM?)

OTHER _____

HAVE YOU EVER BEEN BONDED? _____ HAVE YOU EVER BEEN REFUSED BOND? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, DATES, COURT AND PLACE WHERE OFFENSE OCCURRED. _____

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A POSITION?

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER HELD A POSITION OF TRUST? _____

(handling money or confidential material)

HOW MUCH TIME HAVE YOU LOST FROM WORK IN THE PAST YEAR _____

DOES YOUR PRESENT EMPLOYER KNOW YOU PLAN TO CHANGE EMPLOYMENT? _____

WHY DO YOU DESIRE TO MAKE A CHANGE? _____

EMPLOYMENT HISTORY (Begin with most recent)

NAME and ADDRESS OF COMPANY	DATES EMPLOYED FROM TO	REASON FOR LEAVING
	RATE OF PAY STARTED \$ ENDED \$	
DESCRIBE YOUR DUTIES AND SOFTWARE / MACHINERY YOU USED:		

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PLEASE LIST 3 REFERENCES, DO NOT INCLUDE RELATIVES OR FORMER EMPLOYEES

NAME

ADDRESS

PHONE #

YEARS KNOWN

BUSINESS

NAME

ADDRESS

PHONE #

YEARS KNOWN

BUSINESS

NAME

ADDRESS

PHONE #

YEARS KNOWN

BUSINESS



I certify that the information given by me in this application is true in all respects. I agree that if employed and it is found to be false in any way that I may be subject to dismissal without notice, if and when discovered.

I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I further agree, if employed that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor, and that employment is terminable at the will of either the employee or employer.

I agree to submit to a physical examination whenever requested and if employed, I agree to observe all present and subsequently issued personnel policies and rules. These rules and policies are intended to guide the organization in its relationship with its employees. It is not a contract of employment, and I do not construe it as such. Policies and rules which are issued are not conditions of employment. I understand that the employer may revise policies and/or procedures, in whole or in part, at any time, with or without notice.

SIGNATURE OF APPLICANT

DATE

I give my permission for Annandale Millwork/Allied Systems Corporation to perform a Background check which may include a felony check and social security verification.

SIGNATURE OF APPLICANT

DATE