



Corporate Headquarters
3025 West 7th Place
Eugene, Oregon 97402
(541) 485-4050
Lanz Cabinets is a Drug-Free Employer.

In order to be considered for employment, this application must be completed entirely. Please print clearly, complete all areas of the application, read and sign the last page.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Message number: \_\_\_\_\_

- 1. Are you legally authorized to accept employment in the USA? Yes No
2. Are you over 18 years old? Yes No
3. Have you ever been employed by this company? If yes, when and in what position?
4. Date you can begin work: \_\_\_\_\_
5. Shifts you can work (please circle) Day (Monday - Friday 7:30 am to 4:00 pm)
Swing (Monday - Friday 4:00 pm to 12:30 am)
Graveyard (Sunday - Thursday 11:30 pm - 8:00am)
7. Will you work overtime whenever scheduled or requested? Yes No
8. Can you work on weekends whenever scheduled or requested? Yes No
9. Special skills you possess \_\_\_\_\_

Education

Table with 3 columns: Education Level, Name of school, Location, Diploma/Degree/grade completed. Rows include High school, College, Graduate, and Vocational or Training.

Applicant Name: \_\_\_\_\_

**Employment**

List the last four positions you have held beginning with your present or last employer. Explain any lapses between times when employed. Please **DO NOT WRITE SEE RESUME.**

\_\_\_\_\_  
**Employer** **Position** **Dates**

\_\_\_\_\_  
**Address** **Supervisor's Name** **Phone #**

Duties/responsibilities (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
**Employer** **Position** **Dates**

\_\_\_\_\_  
**Address** **Supervisor's Name** **Phone #**

Duties/responsibilities (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
**Employer** **Position** **Dates**

\_\_\_\_\_  
**Address** **Supervisor's Name** **Phone #**

Duties/responsibilities (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
**Employer** **Position** **Dates**

\_\_\_\_\_  
**Address** **Supervisor's Name** **Phone #**

Duties/responsibilities (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

How did you hear of Lanz Cabinets or this job opening?

\_\_\_\_\_

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**Job Analysis**

Work Hours: 8-10 hours per day / Overtime hours: 0-18 hours per week / Number of days worked: 5-6

**Cabinet Assembler**

Summary of job tasks

Fabricate cabinets  
Assemble cabinets and mount hardware  
Set doors and drawers  
Load and offload machines  
Cut parts for various cabinets  
Stock materials as they come in

**Delivery Helper/Truck Loader**

Summary of job tasks

Load and unload cabinets on delivery truck  
Safe operation of company vehicles (Delivery Helper)  
Understand plans and building layout  
Package and wrap cabinets

**Cabinet Installer**

Summary of job tasks

Safe operation of company vehicle  
Read plans and shop drawings  
Install cabinets and hardware  
Maintain job site cleanliness  
Recognize job site safety hazards  
Complete reports

**Machine Operator**

Summary of job tasks

Read a tape measure  
Use machinery and saws  
Perform maintenance and repairs on saws  
Work in a team  
Read drawings, schematics, and plans

**These are only summaries of job tasks and more indepth description is avaable in Human Resources**

**Physical Requirements\***

Stand 6-12 hours per day  
Walk 3-5 hours per day  
Bend/stoop 2-4 hours per day  
Squat 2-4 hours per day  
Crawl/kneel 0-1 hours per day  
Climb 0-1 hours per day  
Reach 0-3 hours per day  
Push 0-6 hours per day  
Pull 0-6 hours per day  
Lift/carry 50 to 150 lbs.  
Carry a distance of up to 250 feet (may be required to carry cabinets up steps or across terrain)

**\*Figures listed above are approximate and usually represent maximum requirements.**

I can meet all of the **physical** requirements listed with or without reasonable accommodation:

\_\_\_Yes      \_\_\_No

Lanz Cabinets is an equal opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, marital status, national origin, sexual orientation, disability or veteran status.

Interviews are given on a competitive basis, using job-related factors, after written application has been received and reviewed. **Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed or contacted about the position you have applied for.**

Applicant Name: \_\_\_\_\_

1) Subtract  $10 \frac{5}{8} - 4 \frac{1}{2} =$  \_\_\_\_\_

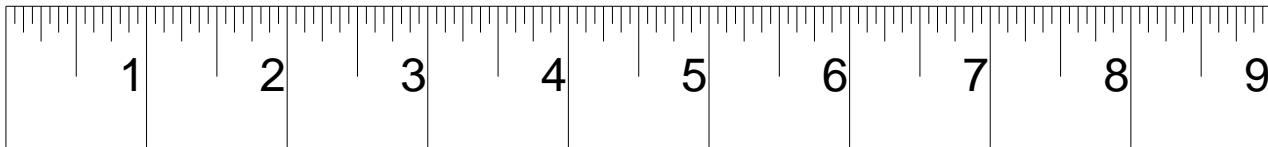
2) Add  $14 \frac{3}{4} + 3 \frac{3}{8} =$  \_\_\_\_\_

3) Add  $14 \frac{1}{4} + 3 \frac{5}{8} =$  \_\_\_\_\_

4) Subtract  $17 \frac{3}{8} - 4 \frac{3}{4} - 1 \frac{1}{8} =$  \_\_\_\_\_

5) Find and mark these increments on the tape below:  
 $2 \frac{9}{16}$     $5 \frac{3}{8}$     $6 \frac{13}{16}$     $7 \frac{1}{2}$     $8 \frac{1}{4}$

**Math and Ruler Demonstration:**  
This portion of the application must be complete to be considered for a position in our production facility.



6) Describe your experience and familiarity working with power tools and wood working machinery:

7) Describe your experience working in a fast paced production oriented work environment:

8) If we were to contact your previous supervisor:

What would they tell us about your 2 strongest skills or assets?

What would they say are your 2 weakest assets?

9) Rate the following by order of importance:

- Attendance \_\_\_\_\_
- Work Quantity \_\_\_\_\_
- Team Work \_\_\_\_\_
- Safety \_\_\_\_\_
- Work Quality \_\_\_\_\_



<b>Title</b>	<b>EEO DATA SHEET</b>		
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## EEO Data Sheet

**IMPORTANT – ALL APPLICANTS/EMPLOYEES READ:** To enable Lanz Cabinet Shop to meet government reporting regulations, applicants/employees are requested to complete this personal data sheet. Information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Initial

CURRENT POSITION/POSITION APPLIED FOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**ETHNIC CATEGORY (check one)**

\_\_\_\_ Hispanic or Latino

\_\_\_\_ White (not of Hispanic Origin)

\_\_\_\_ Black or African American (not of Hispanic Origin)

\_\_\_\_ Native American or Pacific Islander

\_\_\_\_ Asian

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Two or More Races

\_\_\_\_ I do not wish to voluntarily supply this information



<b>Title</b>	<b>EEO DATA SHEET</b>		
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**VETERAN STATUS (check one)**

- VETERAN – A person who 1) served on active duty for a period of more than 180 days, 2) who received other than a dishonorable discharge, 3) who does not fall into any of the other categories outlined below. (1)
- DISABLED VETERAN – A person who has 30 percent or more disability and is entitled to disability by the Veteran’s Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty. (2)
- VIETNAM ERA VETERAN – A person who served on active duty for more than 180 days (any part which was performed during the period from August 5, 1964 through May 7, 1975) AND who was discharged or released from the military service with other than a dishonorable discharge. (3)
- A DISABLED VIETNAM ERA VETERAN – A person who meets both the criteria stated in #2 and #3 above. (4)
- OTHER – A person who is not a veteran and does not fall into any of the other veteran categories listed above. (5)

**DISABILITY STATUS**

Do you wish to identify yourself as a disabled individual – a person who has a physical or mental impairment that:

- 1) substantially limits one or more of such person’s major life activities,
- 2) has a record of such impairment, AND
- 3) whose disability was not acquired during military service.

NO

YES (If yes, please complete the following)

Are accommodations necessary? Yes  No

Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I do not wish to voluntarily supply this information.

Applicant Name: \_\_\_\_\_

**Please read the following carefully before signing this application.**

I acknowledge that in connection with my application for employment (including contract services) with Lanz Cabinets consumer reports may be requested. These reports may include but are not limited to the following types of information:

- Work experience
- Names and dates of previous employers, reason for termination of employment
- Education
- Driving record
- Licensure
- Credit, etc.
- Criminal records

I further understand that such reports may contain public record information from federal, state and other agencies that maintain such records.

I further understand that reports about my credit, judgments and bankruptcy proceedings may be requested if I am applying for a financial position where such reports are allowed by law.

In addition, investigative consumer reports gathered from personal interviews with former employers, past or current neighbors and associates of mine, etc. to gather information regarding my work performance, character, general reputation and personal characteristics and mode of living may be obtained.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency, upon proper identification, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years).

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

- California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you. Notice to California Applicants applying for jobs in California: you will also sign a separate consent relating California law issues.

I acknowledge that I have been provided with a copy of my consumer's rights under the Fair Credit Reporting Act.

**The following information is being requested in order to conduct a background check on you:**

Full Name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address (if you wish to be contacted this way): \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_

Position for which you are applying is: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

**I certify that the above information as well as all information provided on the application is true and correct. Providing false or inaccurate information may be cause for rejection of my application for employment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_