



EMPLOYMENT APPLICATION

Date: _____ Position applying for: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Message Phone: _____

Email: _____

1. Are you legally authorized to accept employment in the USA? YES NO
(Proof of eligibility to work in the US will be required upon employment)

2. Are you 18 years old or older? 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 (check all that apply):

Day (Monday - Friday, 6:00 am to 4:00 pm)

Swing (Monday - Friday, 4:15 pm to 2:30 am)

7. Will you work overtime when scheduled or requested? YES NO

8. Can you work on weekends when scheduled or requested? YES NO

9. Special job related skills/talents:

ADDITIONAL INFORMATION

Professional memberships and affiliations: _____

Professional trade license: _____

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



EMPLOYMENT APPLICATION

Date: _____ Position applying for: _____

Applicant's Name: _____

EDUCATION

Check box next to the highest grade level completed in high school: 9 10 11 12

College: 1 2 3 4 Graduate: 1 2

High school: _____

City/State: _____ Diploma

College/University: _____

City/State: _____ Degree: _____

Graduate School: _____

City/State: _____ Degree: _____

Vocational or Training: _____

City/State: _____ Certificate: _____

EMPLOYMENT/WORK HISTORY

Please list the names and addresses of your former employers during the three years prior to completing this application. For drivers applying to operate a commercial motor vehicle, a list of employment information during the seven-year period preceding the three years prior to completing this application must be furnished.

1. Employer _____ Position _____

Address _____ Supervisor _____

Phone _____ From _____ To _____

Full Time Part Time May we contact this employer: Yes No

Duties/responsibilities (be specific):

Reason for leaving:



EMPLOYMENT APPLICATION

Date: _____ Position applying for: _____

Applicant's Name: _____

EMPLOYMENT/WORK HISTORY (continued):

2. Employer _____ Position _____

Address _____ Supervisor _____

Phone _____ From _____ To _____

Full Time Part Time May we contact this employer: Yes No

Duties/responsibilities (be specific):

Reason for leaving:

3. Employer _____ Position _____

Address _____ Supervisor _____

Phone _____ From _____ To _____

Full Time Part Time May we contact this employer: Yes No

Duties/responsibilities (be specific):

Reason for leaving:

4. Employer _____ Position _____

Address _____ Supervisor _____

Phone _____ From _____ To _____

Full Time Part Time May we contact this employer: Yes No

Duties/responsibilities (be specific):

Reason for leaving:



EMPLOYMENT APPLICATION

Date: _____ Position applying for: _____

Applicant's Name: _____

JOB ANALYSIS:

Work Hours: 8-10 hours per day
 Number of days worked: 5-6

Overtime hours: 0-18 hours per week
 Summary of jobs and tasks below:

Cabinet Assembler

- Fabricate cabinets
- Assemble cabinets and mount hardware
- Set doors and drawers
- Understand plans and building layout
- Package and wrap cabinets
- Stock materials as they come in

Delivery Helper/Truck Loader

- Load and unload cabinets on delivery truck
- Safe operation of company vehicles
(Delivery Helper)
- Load and offload machines
- Cut parts for various cabinets

Cabinet Installer

- 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

- 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 in-depth description is available 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 above 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.**

EMPLOYMENT APPLICATION

Date: _____ Position applying for: _____

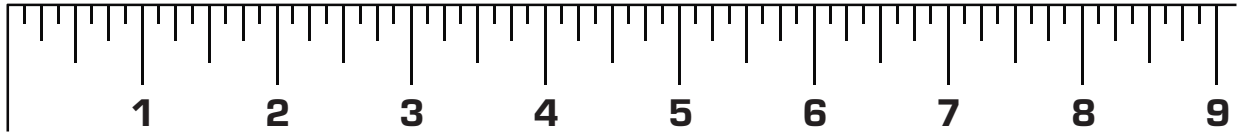
Applicant's Name: _____

EVALUATION

Math and Ruler Demonstration:

This portion of the application must be complete to be considered for a position in our production facility.

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 inch increments on the tape below:
 $2 \frac{9}{16}$ $5 \frac{3}{8}$ $6 \frac{13}{16}$ $7 \frac{1}{2}$ $8 \frac{1}{4}$



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

Describe your experience working in a fast-paced, production-oriented work environment:

If we were to contact your previous supervisor, what would they tell us about your two strongest skills or assets?

1. _____
2. _____

What would your previous supervisor say are your two weakest assets?

1. _____
2. _____

Rate the following by order of importance (1 through 5, 1 being the most important):

- ___ Attendance
- ___ Work Quantity
- ___ Team Work
- ___ Safety
- ___ Work Quality



EOE DATA SHEET

Date: _____ Position applying for: _____

Applicant's Name: _____

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.

Date of Birth: _____ Male Female Non Binary

ETHNIC CATEGORY (check one) optional

- Hispanic or Latino White (not of Hispanic Origin)
- Black or African American (not of Hispanic Origin)
- Native American or Native Alaskan Pacific Islander or Native Hawaiian
- Asian Two or More Races
- I do not wish to voluntarily supply this information

VETERAN STATUS (check one)

- 1. 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.
- 2. 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.
- 3. 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.
- 4. A DISABLED VIETNAM ERA VETERAN – A person who meets both the criteria stated in #2 and #3 above.
- 5. OTHER – A person who is not a veteran and does not fall into any of the other veteran categories listed above.

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, Are accommodations necessary? YES NO

Explain: _____

I do not wish to voluntarily supply this information.



EMPLOYMENT APPLICATION

Date: _____ Position applying for: _____

Applicant's 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: _____

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: _____



EMPLOYMENT APPLICATION

Date: _____ Position applying for: _____

Applicant's Name: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

Lanz Cabinet Shop, Inc. (Lanz Cabinets) is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color; religion, marital status, national origin, handicap 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.

I certify that I have answered truthfully and have not knowingly withheld information on my application. I understand that any misrepresentation or material omission on this application will result in being eliminated for further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission, which becomes known to Lanz Cabinet Shop, Inc. will result in immediate termination of my employment.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Lanz Cabinet Shop's representatives any and all information regarding my previous employment and me. I release Lanz Cabinet Shop and all previous employers and supervisors from liability for any damages that may result from furnishing information to Lanz Cabinet Shop.

I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Lanz Cabinet Shop.

In consideration of my employment, I agree to the instructions, rules and policies of Lanz Cabinet Shop. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I agree that any disputes arising from my employment or termination of my employment will be resolved under the grievance procedure that is in effect in the employer's policy handbook manual. I understand that no representative of the company has any authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing.

I have read and understand all the information presented to me.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____