



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?
(Proof of eligibility to work in the US will be required upon employment) **Yes** **No**
2. Are you 18 years of age 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 (please circle) **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 whenever scheduled or requested? **Yes** **No**
8. Can you work on weekends whenever scheduled or requested? **Yes** **No**
9. Special skills you possess: _____

Education

High school

Name of school	Location	Diploma/Degree/grade completed
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College

Name of school	Location	Diploma/Degree
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Graduate

Name of school	Location	Diploma/Degree
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Vocational or
Training

Name of school	Location	Diploma/Degree
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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.

Employer	Position	Dates
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Address	Supervisor's Name	Phone #
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Duties/responsibilities (be specific):

Reason for leaving: _____

Employer	Position	Dates
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Address	Supervisor's Name	Phone #
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Duties/responsibilities (be specific):

Reason for leaving: _____

Employer	Position	Dates
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Address	Supervisor's Name	Phone #
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Duties/responsibilities (be specific):

Reason for leaving: _____

Employer	Position	Dates
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Address	Supervisor's Name	Phone #
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Duties/responsibilities (be specific):

Reason for leaving: _____

Applicant Name: _____

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

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: _____

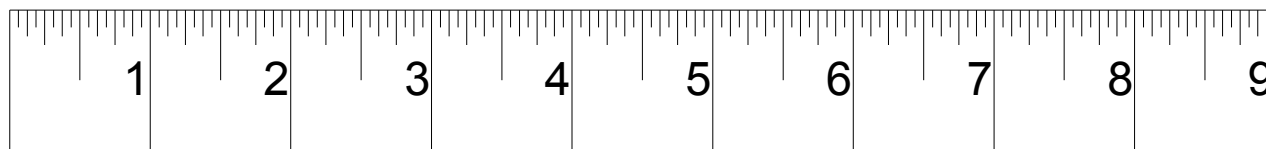
1) Subtract $10 \frac{5}{8} - 4 \frac{1}{2} =$ _____

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 _____



Title	EEO DATA SHEET		
Number	FORMHR-A203	Revision	03 Page 1 of 2

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



Title	EEO DATA SHEET		
Number	FORMHR-A203	Revision	03 Page 2 of 2

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:

First Name: _____ Middle Name: _____ Last 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: _____