

60 Kenney Drive, Cranston, RI 02920 www.MillworkOne.com 401-738-6990

Millwork One, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, National origin, age, disability, veteran status, or any other status protected under local, state, or federal laws.

Position(s) Applied for:		
Date of Application:		
Last Name: Fir	rst Name:	MI:
Address:		
Telephone Number:Ce	ell Phone:	
Email:		
How did you hear about us?		
Newspaper Employment Agency Current Em	nployee	
Other		
EMPLOYMEN	NT ELIGIBILITY	
Are you legally eligible to work in the United States? Y	′es No No	
Are you over the age of 18 years? Yes No		
Can you with or without reasonable accommodation pany questions about the functions of the job, please ask	- •	•
Yes No No		
Have you ever applied to Millwork One, Inc. before?	Yes No No	
(If yes, please give date)		
Have you ever worked for Millwork One, Inc. before?	Yes No No	
(If yes, please give date)		
Do you have a driver's license? Yes No		
Is anyone related to you employed by Millwork One, I	nc.? Yes No	
If yes, please give their name and relationship to you.		

Have yo	u ever been f	ired or asked t	o resign from a	job? Yes	No 🗌		
If yes, pl	ease explain:						
On what	: date would	you be availab	le to work?				
			DAYS & H	OURS AVAIL	ABLE		
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
			EC	DUCATION			
HIGH SC	HOOL:			CITY/S	TATE:		
NUMBER	R OF YEARS C	OMPLETED:					
COURSE	OF STUDY/M	IAJOR:		_			
GRADUA	TE: Yes	No DIPI	OMA/DEGREE:				
COLLEGI	i:			CITY/STATE:			
NUMBER	R OF YEARS C	OMPLETED:					
COURSE	OF STUDY/M	IAJOR:		_			
GRADUA	TE: Yes	No DIPI	OMA/DEGREE:				
VOCATIO	ONAL:			CITY/ST	ATE:		
NUMBER	R OF YEARS C	OMPLETED:					
COURSE	OF STUDY/M	IAJOR:		_			
GRADUA	TE: Yes	No DIP	LOMA/DEGREE:	:			
Describe	any specializ	ed training, ap	prenticeships, I	icenses, or skills:			
Have yo	u received an	y job-related t	raining in the Ur	nited States Militar	y? Yes No	o 🗌	

Please give dates and explanation:	<del></del>
EMPLOYMENT HISTORY	
Begin with current or most recent employer. Do not exclude any employment. Include employment. Attach another sheet if necessary.	de any applicable temporary
Name of Employer:	
Dates of Employment:	
Position:	
Duties:	
Name of Employer:	
Dates of Employment:	
Position:	
Duties:	
Name of Employer:	
Dates of Employment:	
Position:	
Duties:	
REFERENCES	
Please list three persons who are not related to you, or previous supervisors, whereferences.	o can provide professional
Name	_
Address	_
Phone	_
Email	_
Relationship/Occupation	_
Years Known	
Name	_
Address	_
Phone	_

Email	 	 
Relationship/Occupation	 	 
Years Known		
Name	 	 
Address		
Phone		
Email		
Relationship/Occupation		
Years Known		

## **APPLICANT'S STATEMENT & AGREEMENT**

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that if I receive an offer of employment from the Company, the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company in accordance with applicable law. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that if I receive an offer of employment from the Company, the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any right or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application, or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the CEO/President of Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the CEO/President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

I further understand that that Company (or majority owner or owners if Company is not a corporation) may modify, amend or terminate any of its policies and/or benefit plans at any time, with or without prior notice. I agree to follow and be bound by the Company's policies, as they may be changed or modified from time to time.

If you have any questions regarding the statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

CICNATURE OF A	DDUCANT	
SIGNATURE OF A	PPLICANT	

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT