



Upstate Door, Inc. is an equal opportunity employer. All applicants will receive consideration for positions without regard to race, color, creed, religion, age, sexual orientation, national origin, disability, citizen status, gender, marital status, genetic information, US veteran status, or any other protected classifications, activities, or conditions as required by federal, state, and local laws.

Position Sought: \_\_\_\_\_

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

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

Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Desired Wage/Salary: \_\_\_\_\_ On what date would you be available for work? \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? \_\_\_ Yes \_\_\_ No

Please specify: \_\_\_\_\_

\_\_\_\_\_

**Education & Employment Information**

| EDUCATION   |          |                  |                          |       |
|-------------|----------|------------------|--------------------------|-------|
| School Name | Location | # Years Attended | Degrees/Diploma Received | Major |
|             |          |                  |                          |       |
|             |          |                  |                          |       |
|             |          |                  |                          |       |
|             |          |                  |                          |       |
|             |          |                  |                          |       |

Other training, certifications, or licenses held: \_\_\_\_\_

\_\_\_\_\_

Other professional, trade, business or civic organizations to which you belong that are relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Any other education information pertinent to the position you are seeking: (courses, certifications) \_\_\_\_\_

\_\_\_\_\_

**Employment History (List most recent first, include periods of unemployment)**

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**US Military Service**

Branch of Service: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank & Type of Service: \_\_\_\_\_  
Training/Experience Received: \_\_\_\_\_  
\_\_\_\_\_

**Other**

Are you a US citizen, or are you otherwise authorized to work in the US without restriction? \_\_\_ Yes \_\_\_ No

Are you at least 18 years of age or older? (If no, you may be required to provide authorization to work.) \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please describe the circumstances: \_\_\_\_\_

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

*(A conviction itself does not constitute an automatic bar to employment, and will be considered as it relates to fitness to perform the job in question.)*

Have you ever been involuntarily terminated or asked to resign from any position of employment? \_\_\_ Yes \_\_\_ No

If yes, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

**References (other than previously listed)**

Give the names and addresses of references who know you in a work capacity (not relatives). We will assume we have your permission to contact these people.

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| Name:              | Name:              | Name:              |
| Address:           | Address:           | Address:           |
| Phone:             | Phone:             | Phone:             |
| Business/Position: | Business/Position: | Business/Position: |
| Years Known:       | Years Known:       | Years Known:       |

How did you learn about the position: \_\_\_\_\_

Do you know anyone who works for our organization? If yes, who: \_\_\_\_\_

Have you worked for our organization before? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

\_\_\_\_\_

**Acknowledgement & Authorization**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that answers given herein are true and complete to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

Date