

TODAY'S DATE:

MO	DAY	YEAR



Varn Wood Products, LLC  
 Hwy 121·Hoboken, GA 31542  
 Phone: (912) 458-2188 Fax: (912) 458-2190

PLEASE PRINT  
 ALL INFORMATION

PERSONAL INFORMATION			
NAME:	(LAST)	(MIDDLE)	(FIRST) (SUFFIX)
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE:	CELL PHONE:	SOCIAL SECURITY NO.:	

ARE YOU AT LEAST 18 YEARS OF AGE? YES / NO	ARE YOU A CITIZEN OF THE UNITED STATES? YES / NO	IF NOT, CAN YOU PROVIDE LEGAL AUTHORIZATION TO WORK? YES / NO
Have you ever been convicted of a crime? YES / NO	If yes, describe in full	Have you had a major illness in the past 5 years? YES / NO If yes, describe
DO YOU CURRENTLY HAVE A DRIVER'S LICENSE? YES / NO	DRIVERS LICENSE NO:	STATE OF ISSUE: EXPIRATION DATE:

EMERGENCY CONTACT INFORMATION			
NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE

EMPLOYMENT DESIRED (PLEASE BE SPECIFIC)		SALARY DESIRED	
1		HOURLY	WEEKLY
2		HOURLY	WEEKLY
DATE AVAILABLE TO START: / /	HAVE YOU EVER BEEN EMPLOYED WITH VARN WOOD PRODUCTS BEFORE? YES / NO	WHEN?	

EDUCATION	CIRCLE LAST YEAR COMPLETED				
	8th	9th	10th	11th	12th
HIGH SCHOOL					
BUSINESS, TRADE, OR VOCATIONAL TRAINING	1	2	3	4	
COLLEGE	1	2	3	4	

GENERAL INFORMATION	
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	

FORMER EMPLOYERS		(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)	
DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	DUTIES	
Start Date: ____/____/____ End Date: ____/____/____	JOB TITLE: _____ _____		
PAY: ____ HRLY ____ SALARY	REASON FOR LEAVING: _____ _____		
Start Date: ____/____/____ End Date: ____/____/____	JOB TITLE: _____ _____		
PAY: ____ HRLY ____ SALARY	REASON FOR LEAVING: _____ _____		
Start Date: ____/____/____ End Date: ____/____/____	JOB TITLE: _____ _____		
PAY: ____ HRLY ____ SALARY	REASON FOR LEAVING: _____ _____		
Start Date: ____/____/____ End Date: ____/____/____	JOB TITLE: _____ _____		
PAY: ____ HRLY ____ SALARY	REASON FOR LEAVING: _____ _____		

MAY VARN WOOD PRODUCTS CONTACT THE EMPLOYERS LISTED ABOVE? YES / NO	IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT
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REFERENCES			
NAME	ADDRESS	BUSINESS	YEARS KNOWN

## AUTHORIZATION

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. .

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. PI 90-202 prohibits discrimination because of age. The Americans with Disabilities Act prohibits discrimination due to disabilities.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE DO NOT WRITE ON THIS SECTION OF APPLICATION. THIS SECTION IS TO BE COMPLETED  
AT TIME OF INTERVIEW

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

REMARKS:


NEATNESS: \_\_\_\_\_

CHARACTER: \_\_\_\_\_

PERSONALITY: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

DEPT: \_\_\_\_\_

POSITION: \_\_\_\_\_

SALARY WAGES: \_\_\_\_\_

APPROVED: \_\_\_\_\_

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER