QUALITY WOOD & METAL DESIGNS, INC.

1100 West Spruce St. / PO Box 397 Mitchell, SD 57301 605-996-7855 EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION				
		DATE:		
FULL NAME:				
First	Middle	Last	·····	
ADDRESS:				
Street Address		Ap	t/Suite	
City	State	Zip	Code	
E-MAIL:		PHONE:		
DATE AVAILABLE:	DESIF	RED PAY: \$	☐ HOUR ☐ SALARY	
POSITION APPLIED FOR:	- 			
EMPLOYMENT DESIRED:	☐ FULL-TIME ☐ PART-TIME	☐ SEASONAL		
PLEASE LIST DAYS/TIME WORK:		_		
	EMPLOYMENT EL	IGIBILITY		
ARE YOU 18 YEARS OF A	.GE OR OLDER? []YES	[]NO		
ARE YOU LEGALLY ELIG	BLE TO WORK IN THE	U.S? []YES []NO	O	
HAVE YOU EVER BEEN C	ONVICTED OF A FELOI	NY? []YES []NO		
*IF YES, PLEASE EXPLAI	N:			
	ADDITIONAL INFO	RMATION		
DO YOU SPEAK, WRITE OF YES, PLEASE EXPLAIN		FOREIGN LANG	JAGES?[]YES[]NO	
PLEASE CHECK ANY OF []Wire Feed Welder []Wo []CNC Machining Center [THE FOLLOWING IF YO	wder Coating []		



	EDUCATION	
	EDUCATION	
HIGH SCHOOL:	CITY / STATE:	
FROM:	TO:	
GRADUATE? □ YES □	NO DIPLOMA:	
COLLEGE:	DLLEGE: CITY / STATE:	
FROM:	TO:	
GRADUATE? □ YES □	NO DEGREE:	
OTHER:	CITY / STATE:	
FROM:	TO:	
DEGREE/CERTIFICAT	ION:	
	PREVIOUS EMPLOYMENT	
Are you currently empl	oyed?[]Yes[]No	
If currently employed, i	nay we contact your current employer? []Yes []No	
Below, please list past account for all periods	and present employment positions, dating back 10 years. of unemployment.	Please
EMPLOYER 1:	/ Individual	
	PHONE:	
ADDRESS:		
Street Address	Apt/Suite	
City	State Zip Code	
JOB TITLE:	RESPONSIBILITIES:	



Company /	Individual		
E-MAIL:	, PHONE:		
ADDRESS: Street Address		Apt/Suite	
City	State	Zip Code	
JOB TITLE:	RESPONSIBILIT	TES:	
FROM:	TO:		
REASON FOR LEAVIN	G:		
MAY WE CONTACT TH	HIS EMPLOYER FOR REFI	ERENCES?[]YES[]NO	
EMPLOYER 3:	Individual		.
	PHONE:		
ADDRESS:			
Street Address		Apt/Suite	
City	State	Zip Code	
		TES:	
FROM:	TO:	·····	
REASON FOR LEAVIN	G:		
MAY WE CONTACT TH	HIS EMPLOYER FOR REFI	ERENCES?[]YES[]NO	
	REFEREN (PROFESSIONAL ONLY) CON		
FULL NAME: First	Last	RELATIONSHIP:	
COMPANY:		TITLE:	_
E-MAIL:		PHONE:	



FULL NAME:	RELATIONSHIP:
First	Last
COMPANY:	TITLE:
E-MAIL:	PHONE:
FULL NAME: First	RELATIONSHIP:
	TITLE:
E-MAIL:	PHONE:
	DISCLAIMER
diversity. In order to ensure this application fully completed in order for it to be conside	
Please complete each section EVEN IF yo	u decide to attach a resume.
Please Read and Initial Each Paragraph	, then Sign and Date Below.
	e true and honest to the best of my knowledge. If this ent, I understand that any false or misleading information in my mployment being terminated.
	<u>FILL</u> employer and if I am employed, my employment is not either with or without prior notice, and by either me or the
information I have provided. I authorize the my work record and my professional exper disclosure. In addition, I release the compa	ences, record of employment, education record, and any other e references I have listed to disclose any information related to riences with them, without giving a prior notice of such any, my former employers and all other persons, corporations, d all claims, demands or liabilities arising out of or in any wayInitial here.
SIGNATURE	DATE
PRINT NAME	

