



Santa Cruz Kitchen & Bath, Inc.

1824 Soquel Ave, Santa Cruz, CA 95062

(831) 426-9600

Fax (831) 426-4757

**Employment
Application**

Please complete all sections, even if a resume is submitted.

Position Applied For:

Name (Last, First, Middle)

Address

() Home () Cell E-mail Address

Social Security Number Are you 18 years of age or older? Yes No

Do you have the legal right to work in the U.S.? Yes No (Proof of citizenship or immigration status will be required prior to beginning employment)

Do you have a valid driver's license? Yes No License # Expiration Date

Have you ever been convicted of a crime other than traffic infractions? Yes No If yes, explain:

(Note: Conviction is not an automatic bar to employment. Each case will be considered on its own merit).

List memberships in professional organizations which you feel would enhance your application. You may exclude, if you wish, any whose names would indicate the race, religion, age, color, national origin, marital status, gender, sexual orientation or ancestry of its members.

Table with 6 columns: Name of Educational Institution, School Location, Did you Graduate, If no, # of Years Completed, List Degree And Major. Rows include High School, Trade or Business School, College/University, Graduate Work, and Other Education.

Other Skills: If applicable for the position, which of the following do you have knowledge of and rate your knowledge level from 1 limited to 10 expert:

___ Typing – wpm ___ ___ MS Word/Wordperfect ___ MS Excel
 ___ 10- key ___ 20/20 ___ Master Builder
 ___ Multi-Line Phone ___ Other _____

Employment History

List all Paid and Volunteer positions held during the past 5 years. Begin with present or most recent employment. Resumes are not accepted in lieu of completing this section. Check box if you do not have 5 years of work history .

Date Employed From: _____ To: _____	Employer Name
Salary or Hrly Wage Full or Part Time	Employer Address
Position Title	Description of Duties
Supervisor's Name	
Supervisors Phone #	Reason for Leaving

Date Employed From: _____ To: _____	Employer Name
Salary or Hrly Wage Full or Part Time	Employer Address
Position Title	Description of Duties
Supervisor's Name	
Supervisors Phone #	Reason for Leaving

Date Employed From: _____ To: _____	Employer Name
Salary or Hrly Wage Full or Part Time	Employer Address
Position Title	Description of Duties
Supervisor's Name	
Supervisors Phone #	Reason for Leaving

May we contact your present and past employers? Yes ___ No ___ Later ___
 Were you employed under another name? If yes, give name _____

