
Desired Position

Today's Date

EWF Modern will consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION

Name

Email

Street Address

Phone

City, State Zip

Alternate Phone

AVAILABILITY Check All That Apply: Full Time Part Time Weekends Weekdays Mornings Evenings

Start Date

Notes

EDUCATION

			Y / N
College	Years Attended		Graduate? Y / N
High School	Years Attended		Graduate? Y / N
Other	Years Attended		Graduate?

Notes

SALES EXPERIENCE Provide Brief Description

DESIGN EXPERIENCE Provide Brief Description

COMPUTER SKILLS MS Office G Suite Quickbooks POS AutoCAD/Revit/Sketchup Adobe CS Squarespace

Other

EMPLOYMENT HISTORY

Present Employer

Job Title

Employer Address, City, State Zip

Supervisor Name

Supervisor Daytime Phone

Start Date

End Date

Description Of Work

Reason For Leaving

Second Most Recent Employer

Job Title

Employer Address, City, State Zip

Supervisor Name

Supervisor Daytime Phone

Start Date

End Date

Description Of Work

Reason For Leaving

EMPLOYMENT HISTORY CONTINUED

Third Most Recent Employer Job Title

Employer Address, City, State Zip

Supervisor Name Supervisor Daytime Phone

Start Date End Date

Description Of Work Reason For Leaving

REFERENCES Please give names of professional associates you have known at least one year and are not related to.

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

OTHER INFO

Have you been convicted of a felony in the last five years? Y / N

Have you ever used any names other than what is listed on previous page? Y / N

If so, explain:

AUTHORIZATION

1. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, any falsified or omitted information, etc. on this application are grounds for termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages, which may result from furnishing such information to you.
4. I also understand that use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Applicant Signature Date