



The Cincinnati Dowel & Wood Product Company Employment Application

Application Note: This application form is intended for the use in evaluating your suitability for employment. It is not an employment contract. Please answer appropriate questions completely and to the best of your ability. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, disability or any other classification protected by law and such information may be omitted from this form. Additional testing of job-related skills, mental/physical may be required prior to employment.

Please print and fill out completely even if resume is attached: Date: _____

Name: _____
Last First Middle

Home Phone: () _____ Day Phone: () _____

Social Security Number: _____

Address: _____

City/State/Zip: _____

Position applying for: _____ Referred by: _____

Salary requested: _____ Date available to start: _____

Are you legally authorized to work in the United States: YES NO

Have you ever served in the U.S. military branch? YES NO

Have you ever been convicted of a crime? YES NO Date: _____

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Explanation (including county and state of crime) _____



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EMPLOYMENT INFORMATION

Fill in completely starting with you most recent employer for the past 5 years.

May we call your present employer? YES NO

Name of Employer				
Street Address		City	State	Zip
Phone Number (including area code)		Supervisor's Name/Position		
Position	Dates Employed		Salary	
	From:	To:	Start:	End:
Responsibilities				
Reason for leaving				

Name of Employer				
Street Address		City	State	Zip
Phone Number (including area code)		Supervisor's Name/Position		
Position	Dates Employed		Salary	
	From:	To:	Start:	End:
Responsibilities				
Reason for leaving				

Name of Employer				
Street Address		City	State	Zip
Phone Number (including area code)		Supervisor's Name/Position		
Position	Dates Employed		Salary	
	From:	To:	Start:	End:
Responsibilities				
Reason for leaving				

The Cincinnati Dowel & Wood Products Company
135 Oak Street, Mt. Orab Ohio 45154
Phone: (937) 444-2502 Fax: (937) 444-4095



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EDUCATIONAL INFORMATION

School	Name/City/State	Years Attended	Did you graduate?	Degree Earned
High School				
College/ University				
Graduate School				
Trade or Business School				
Other				

SKILLS

Indicate any other equipment you can operate, technical, computer and other job-related skills:

PROFESSIONAL REFERENCES

(Provide at least three professional, peer and work references, not relatives or previously stated supervisor)

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

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 all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Applicant's Signature

Date