



2975 / 3025 W. 7th Place Eugene, Oregon 97402
Phone: (541) 485-4050
Fax: (541) 743-4389

APPLICATION FOR EMPLOYMENT

Lanz Cabinets is a Drug-Free Employer. We drug test.

In order to be considered for employment, this application must be **completed entirely**. Please print clearly, and read and sign the last page.

Please Note: Applicants seeking a Truck Driving position requiring a CDL license must complete a different application.

Position applied for: _____ Today's Date: _____

Name: _____

Address: _____

Phone number: _____ Message number: _____

1. Are you legally authorized to accept employment in the USA? **Yes** **No**
(Proof of eligibility to work in the US will be required upon employment)
2. Are you over 18 years old? **Yes** **No**
3. Do you have adequate means of transportation to get to work on time each day and when called in on short notice? **Yes** **No**
4. Have you ever been employed by this company? If yes, when and in what position?

5. Date you can begin work: _____

6. Shifts you can work (please circle) Day (Monday – Friday 7:30 am to 4:00 pm)
Swing (Monday – Friday 4:00 pm to 12:30 am)
Graveyard (Sunday – Thursday 11:30 pm – 8:00am)

7. Will you work overtime whenever scheduled or requested? **Yes** **No**

8. Can you work on weekends whenever scheduled or requested? **Yes** **No**

9. Special skills you possess _____

Education

High school	_____	_____	_____
	Name of school	Location	Diploma/Degree/grade completed

College	_____	_____	_____
	Name of school	Location	Diploma/Degree

Graduate	_____	_____	_____
	Name of school	Location	Diploma/Degree

Vocational or Training	_____	_____	_____
	Name of school	Location	Diploma/Degree

Employment

List the last four positions you have held beginning with your present or last employer. Explain any lapses between times when employed.

Employer	Position	Dates
Address	Supervisor's Name	Phone #
Duties/responsibilities (be specific)	Pay rate: _____	
Reason for leaving: _____		

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Employer	Position	Dates
Address	Supervisor's Name	Phone #
Duties/responsibilities (be specific)	Pay rate: _____	
Reason for leaving: _____		

10. Have you ever been convicted of a felony? **Yes** **No** If yes, indicate date, county, state, type, and sentencing. A conviction is not an automatic disqualification from employment. "Will explain at interview" is NOT acceptable.

11. How did you hear of Lanz Cabinets or this job opening?

Job Analysis

Work Hours: 8-10 hours per day / Overtime hours: 0-18 hours per week / Number of days worked: 5-6

Job Title: Cabinet Assembler

Summary of job tasks

Fabricate cabinets
Assemble cabinets and mount hardware
Set doors and drawers
Load and offload machines
Cut parts for various cabinets
Stock materials as they come in

Job Title: Delivery Helper/Truck Loader

Summary of job tasks

Load and unload cabinets on delivery truck
Safe operation of company vehicles (Delivery Helper)
Understand plans and building layout
Package and wrap cabinets

Job Title: Cabinet Installer

Summary of job tasks

Safe operation of company vehicle
Read plans and shop drawings
Install cabinets and hardware
Maintain job site cleanliness
Recognize job site safety hazards
Complete reports

Job Title: Machine Operator

Summary of job tasks

Read a tape measure
Use machinery and saws
Perform maintenance and repairs on saws
Work in a team
Read drawings, schematics, and plans

Physical Requirements*

Stand 6-12 hours per day
Walk 3-5 hours per day
Bend/stoop 2-4 hours per day
Squat 2-4 hours per day
Crawl/kneel 0-1 hours per day
Climb 0-1 hours per day
Reach 0-3 hours per day
Push 0-6 hours per day
Pull 0-6 hours per day
Lift/carry 50 to 150 lbs.
Carry a distance of up to 250 feet (may be required to carry cabinets up steps or across terrain)

***Figures listed above are approximate and usually represent maximum requirements.**

I can meet all of the **physical** requirements listed with or without reasonable accommodation:

Yes No

Please read the following carefully before signing this application.

Lanz Cabinets is an equal opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, marital status, national origin, sexual orientation, disability or veteran status.

Interviews are given on a competitive basis, using job-related factors, after written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

I certify that I have answered truthfully and have not knowingly withheld information on my application. I understand that any misrepresentation or material omission on this application will result in being eliminated for further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to Lanz Cabinets could result in immediate termination of my employment.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Lanz Cabinets representatives any and all information regarding my previous employment and me. I release Lanz Cabinets and all previous employers and supervisors from liability for any damages that may result from furnishing information to Lanz Cabinets.

In consideration of my employment, I agree to the instructions, rules and policies of Lanz Cabinets. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I agree that any disputes arising from my employment or termination of my employment will be resolved under the grievance procedure that is in effect in the employer's policy handbook manual. I understand that no representative of the company has any authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand that any offer of employment is conditional upon the passing of a drug screen and background check at the request of Lanz Cabinet Shop, Inc.

I have read and understand all the information presented to me.

Signature

Date

Name (Please Print)



Title	EEO DATA SHEET		
Number	FORMHR-A203	Revision	03 Page 1 of 2

EEO Data Sheet

IMPORTANT – ALL APPLICANTS/EMPLOYEES READ: To enable Lanz Cabinet Shop to meet government reporting regulations, applicants/employees are requested to complete this personal data sheet. Information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

NAME _____ DATE _____
 Last First Initial

CURRENT POSITION/POSITION APPLIED FOR _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

ETHNIC CATEGORY (check one)

- Hispanic or Latino
- White (not of Hispanic Origin)
- Black or African American (not of Hispanic Origin)
- Native American or Pacific Islander
- Asian
- American Indian or Alaskan Native
- Two or More Races
- I do not wish to voluntarily supply this information



Title	EEO DATA SHEET		
Number	FORMHR-A203	Revision	03 Page 2 of 2

VETERAN STATUS (check one)

- VETERAN – A person who 1) served on active duty for a period of more than 180 days, 2) who received other than a dishonorable discharge, 3) who does not fall into any of the other categories outlined below. (1)
- DISABLED VETERAN – A person who has 30 percent or more disability and is entitled to disability by the Veteran’s Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty. (2)
- VIETNAM ERA VETERAN – A person who served on active duty for more than 180 days (any part which was performed during the period from August 5, 1964 through May 7, 1975) AND who was discharged or released from the military service with other than a dishonorable discharge. (3)
- A DISABLED VIETNAM ERA VETERAN – A person who meets both the criteria stated in #2 and #3 above. (4)
- OTHER – A person who is not a veteran and does not fall into any of the other veteran categories listed above. (5)

DISABILITY STATUS

Do you wish to identify yourself as a disabled individual – a person who has a physical or mental impairment that:

- 1) substantially limits one or more of such person’s major life activities,
- 2) has a record of such impairment, AND
- 3) whose disability was not acquired during military service.

NO

YES (If yes, please complete the following)

Are accommodations necessary? Yes No

Explain _____

I do not wish to voluntarily supply this information.



Date: _____

Name: _____

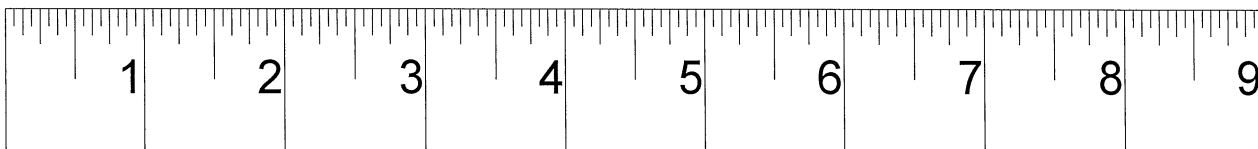
1) Subtract $10 \frac{5}{8} - 4 \frac{1}{2} =$ _____

2) Add $14 \frac{3}{4} + 3 \frac{3}{8} =$ _____

3) Add $14 \frac{1}{4} + 3 \frac{5}{8} =$ _____

4) Subtract $17 \frac{3}{8} - 4 \frac{3}{4} - 1 \frac{1}{8} =$ _____

5) Find and mark these increments on the tape below:
 $2 \frac{9}{16}$ $5 \frac{3}{8}$ $6 \frac{13}{16}$ $7 \frac{1}{2}$ $8 \frac{1}{4}$



6) Describe your experience and familiarity working with power tools and wood working machinery:

7) Describe your experience working in a fast paced production oriented work environment:

8) If we were to contact your previous supervisor, what would they tell us about your 2 strongest skills or assets? What would they say are your 2 weakest assets?

9) Rate the following by order of importance:

Attendance _____
Work Quality _____
Team Work _____
Safety _____
Work Quality _____