

APPLICATION FOR EMPLOYMENT with GLASS FABRICATORS, INC.

Name _____ Date _____

Address _____ Home Phone _____

City, State, Zip _____ Business/Cell _____

Position Desired _____ Pay Expected _____

Have you ever applied for employment with us before? Yes No

Are you available for full time employment? Yes No

Will you work overtime? Yes No

Are you legally eligible for employment in the US? Yes No

When are you available to work? _____

In case of emergency, notify:

Name _____ Phone _____

Address _____ Other _____

EDUCATION

School – Name and Location	Course of Study	Years Complete	Did you Graduate?	Degree or Diploma?
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College				
High School				
Elementary				
Other				

Studies most interesting to you _____

Studies least interesting to you _____

Other special training or skills _____

EMPLOYMENT

Please give your full time and part time employment record. Start with the most recent employer.

Company _____ Phone _____

Address _____ Employment Dates _____

Supervisor _____ Starting Pay _____

Ending Pay _____

Job title, description of duties _____

Reason for leaving _____

Company _____ Phone _____

Address _____ Employment Dates _____

Supervisor _____ Starting Pay _____

Ending Pay _____

Job title, description of duties _____

Reason for leaving _____

Company _____ Phone _____

Address _____ Employment Dates _____

Supervisor _____ Starting Pay _____

Ending Pay _____

Job title, description of duties _____

Reason for leaving _____

Company _____ Phone _____

Address _____ Employment Dates _____

Supervisor _____ Starting Pay _____

Ending Pay _____

Job title, description of duties _____

Reason for leaving _____

We may contact employers listed above unless you indicate those you do not want us to contact.

MILITARY

Complete this section if you served in the US Armed Forces.

Branch of Service _____ Period of active duty _____

Describe duties and any special training _____

Rank at Discharge _____ Discharge Date _____

MEMBERSHIPS IN ORGANIZATIONS

Exclude those which may disclose race, color, religion or national origin.

Summarize leadership experiences (omit names of organizations).

List any other skills in which you have experience and any other qualifications you possess.

Do you possess a valid driver's license? ___ Yes ___ No

Do you possess a CDL? If yes, what class? ___ Yes ___ No

Have you ever been charged with a violation of the law, including traffic violations?
 ___ Yes ___ No

Describe in full

Are you able to lift 75 pounds on occasion? ___ Yes ___ No

Do you have any limitations that would impact your ability to perform the essential functions of the job for which you are applying?
 ___ Yes ___ No

Describe in full

PLEASE ANSWER THE FOLLOWING IN THE SPACE PROVIDED

How did you find out about Glass Fabricators, Inc. and the position for which you are applying?

What do you feel you could contribute to Glass Fabricators, Inc. in that position?

In signing this application, I understand that my previous and present employers may be asked for information relative to my employment records with them. I hereby release from all liability or damage those individuals or corporations who provide information relating to my prior employment or character. I agree that any false statements made by me or my failure to answer any applicable questions on this application completely will be sufficient cause for my release from employment. If hired, I do not intend to return to my last employer. If hired, I agree to abide by all working rules and regulations of Glass Fabricators, Inc. If hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Glass Fabricators, Inc. reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

Signature _____ Date _____