



APPLICATION FOR EMPLOYMENT

An equal Opportunity employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years old? (If no, you may be required to provide authorization to work.) Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired \$ _____

Position desired _____

Are you currently employed? Yes No

If so may we inquire of your present employer? Yes No

REFERRAL SOURCE

How did you hear about us? Walk-In Advertisement Referral Web Site Other

Have you ever worked for this company before? Yes No, If yes, Explain _____

Do you know anyone who works for our company? Yes No, If yes, who? _____

EDUCATION

	Name of School	Degree Received	Yrs. Attended	subjects studied/Major
High School				
Trade/Bus. School				
College				

EMPLOYMENT HISTORY

Include your last five (5) years of employment history, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

From	To	Employer Name	Telephone () -
Job Title		Address	
Supervisor/ title		Summarize job responsibilities	
Reason for leaving			Hourly Rate/Salary
From	To	Employer Name	Telephone () -
Job Title		Address	
Supervisor/ title		Summarize job responsibilities	
Reason for leaving			Hourly Rate/Salary
From	To	Employer Name	Telephone () -
Job Title		Address	
Supervisor/ title		Summarize job responsibilities	
Reason for leaving			Hourly Rate/Salary
From	To	Employer Name	Telephone () -
Job Title		Address	
Supervisor/ title		Summarize job responsibilities	
Reason for leaving			Hourly Rate/Salary

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. _____

Computer Skills (please describe): _____

REFERENCES:

Give the names of three persons not related to you.

	Name	Address	Phone	e-mail
1				
2				
3				

Please read carefully before signing.

Professional Glass is an equal opportunity employer. Professional Glass does not discriminate in employment on account of race, color, religion, National origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Professional Glass to hire me. If I am hired, I understand that either Professional Glass or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Professional Glass has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Professional Glass true and complete information on this application. No requested information has been concealed. I authorize Professional Glass to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.