



Application Date: _____

APPLICATION FOR EMPLOYMENT

NOTE: This application was designed for use with several types of positions. Some questions may not be relevant to the position you are seeking, however, please answer all questions. Resumes are not accepted in lieu of completion of this application

 Last Name First Middle

 Street Address City State Zip Code

 Cell Phone #

Position(s) Applied For _____ Salary Desired _____ Available Start Date _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? _____

Are you over 18 years of age? _____

Do you have available transportation to and from work? _____

EDUCATIONAL DATA

| School | Name, Street Address, City, State, & Zip Code of Each School | No. Years | Degree | Major Course Of Study |
|-----------------|--------------------------------------------------------------|-----------|--------|-----------------------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Trade School | | | | |
| Other | | | | |

List any Honors Received: _____

Other Skills: List any other job-related skills, qualifications, licenses, professional organizations, etc. that support your application or are applicable to the position you are seeking: _____

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? _____ If YES, identify names and relevant dates _____

EMPLOYMENT EXPERIENCE

List each job you held. Start with your present or last job. Include any military experience.

| Employer | Dates | | Work Performed |
|--------------------|----------------------|----|----------------|
| | From | To | |
| Address | | | |
| Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | May we contact them? | | |
| | | | |

| Employer | Dates | | Work Performed |
|--------------------|----------------------|----|----------------|
| | From | To | |
| Address | | | |
| Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | May we contact them? | | |
| | | | |

| Employer | Dates | | Work Performed |
|--------------------|----------------------|----|----------------|
| | From | To | |
| Address | | | |
| Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | May we contact them? | | |
| | | | |

Please identify any exceptions and reasons for not contacting prior employers: _____

Have you ever been dismissed or forced to resign from any employment? _____ If YES, please explain: _____

Are you currently employed? _____ Are you laid off and subject to recall? _____

Will you travel if the job requires? _____ Will you work overtime if asked? _____

Will you be willing to take a pre-employment drug test? _____

Are there any hours or days you will not work? _____ IF YES, please explain: _____

Do you have any friends or relatives who work here? _____ If YES, please provide Name & Relationship:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHARACTER REFERENCES

Please list three (3) persons, NOT RELATED TO YOU, whom you have known for at least one year:

| NAME | ADDRESS | TELEPHONE | OCCUPATION |
|----------|---------|-----------|------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

How did you hear about us? _____

Have you applied here before? _____ If YES, please provide date: _____

Have you been employed here before? _____ If YES, please provide dates: _____

Signature of Applicant _____

please send completed applications to: payables@advancedperformanceglass.com