

**EMPLOYMENT APPLICATION**

# The Glass Shop

An Equal Opportunity Employer

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Telephone \_\_\_\_\_ Years at Present Address \_\_\_\_\_

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Driver's License # Expiration Date

Position applying for \_\_\_\_\_

1. What are your wage expectations? Hourly \$ \_\_\_\_\_

2. Is there any reason why you would be unable to fully and safely perform all duties of the Position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

3. If under 18 years of age, can you submit a work permit after employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

4. Can you, after employment submit verification of your legal right to work in the U. S.?  
Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you able to perform the essential functions of the job for which you are applying?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If No, describe the functions that cannot be performed \_\_\_\_\_

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(NOTE: We comply with the ADA and consider reasonable accommodations that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests).

7. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, may be contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

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Name of High School	No. of Years
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Address
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Name of College	No. of Years	Major
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Address	Degree
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Trade, Professional, etc., Name	No. of Years	Cert./Lic.
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Address
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Type of School
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**MILITARY:**

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Branch of Service	Specialty	Final Rank
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**REFERENCES:**

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Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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BEGINNING WITH THE MOST RECENT JOB, LIST YOUR EMPLOYMENT FOR THE PAST TEN (10) YEARS.

1.	Name of Company	Dates of Employment
	Address and Telephone	
	Position Held and Supervisor	
	Reason for Leaving	
2.	Name of Company	Dates of Employment
	Address and Telephone	
	Position Held and Supervisor	
	Reason for Leaving	
3.	Name of Company	Dates of Employment
	Address and Telephone	
	Position Held and Supervisor	
	Reason for Leaving	
4.	Name of Company	Dates of Employment
	Address and Telephone	

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Position Held and Supervisor

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Reason for Leaving

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorized the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without cause or prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and an Officer of the Company.

\_\_\_\_\_ I understand and agree, that if employed, I will abide by all policies and procedures established by the Company.

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Applicant's Signature

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Date