

Window Master APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? **Yes / No** Are you at least 18 years or older? **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 any shift? **Yes / No** 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? Essential functions include the ability to wear a respirator, regularly lifting up to 40#, and frequently lifting 65#. (Anything heavier requires two workers.) **Yes / No**

Do you have a valid driver's license? **Yes / No** Any violations in the past 3 years? **If Yes**, explain.

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? _____ If so may we inquire of your present employer? _____

<i>EDUCATION</i>	<i>Name and location of school</i>	<i>No. of yrs. Attended</i>	<i>Degree Received</i>	<i>Subjects studied/Major</i>
High School				
College				
Trade, Business or Correspondence School				

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

Applicant Name _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Attach a second sheet if required. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Phone #
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Phone #
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Phone #
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

REFERRAL SOURCE

How did you hear about us? Walk In / Advertisement / Referral / Other _____

Have you ever worked for this company before? **Yes / No** Explain _____

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

Applicant Name _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Window Master is an equal opportunity employer. Window Master 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 Window Master to hire me. If I am hired, I understand that either Window Master 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 Window Master has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Window Master true and complete information on this application. No requested information has been concealed. I authorize Window Master to contact my past employers and provided references 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.