
Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Have you ever filed a Worker's Compensation Claim? Yes No

If yes, please explain: _____

EDUCATION

High School / Name / City _____ Years Completed 9 10 11 12

College / Name / City _____ Years Completed 1 2 3 4

Describe Course of Study _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application: _____

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

I certify that the answers given herein are true and complete to the best of my knowledge .I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of employer.

Signature: _____ Date: _____

DYNAMIC GLASS, LLC IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name and Address:

Employment Dates:

From: _____

To: _____

Job Title / Duties:

Employer Phone Number: _____

Supervisor: _____

Reason for Leaving: _____

Employer Name and Address:

Employment Dates:

From: _____

To: _____

Job Title / Duties:

Employer Phone Number: _____

Supervisor: _____

Reason for Leaving: _____

Employer Name and Address:

Employment Dates:

From: _____

To: _____

Job Title / Duties:

Employer Phone Number: _____

Supervisor: _____

Reason for Leaving: _____

IF MORE SPACE IS NEEDED PLEASE USE THE BACK OF THIS PAGE.