



OFFICE USE ONLY

Employee Number: _____
Start Date: _____
Rate of Pay: _____
Position: _____
Supervisor Role: _____ Yes _____ No
His/Her Manager: _____
Referred By: _____
Copies-SS Card & Dr. License Attached _____

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Please Print

Date: _____

Last Name		First Name		Middle Name	
Address		City	State	Zip Code	
Cell Phone Number	Home Phone Number		Social Security Number		Date of Birth
DL Number	State	Expiration Date		Email Address	

RACE: (OPTIONAL) ___ASIAN___BLACK___WHITE___HISPANIC___AMERICAN INDIAN___OTHER

Emergency Contact Name: _____ Phone: _____

- If you are under 18 years of age, can you provide required proof of your eligibility to work: Yes No
- Have you ever filed an application with us before: If yes, give date: _____ Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are prevented from lawfully becoming employed in the country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)
- On what date would you be available to work? _____
- Are available to work overtime if job requires it? Yes No
- Can you travel if job requires it? Yes No
- Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

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.