



## Thompson Innovative Glass Employment Application

**INSTRUCTIONS:** Please fill out the application completely even if you attach a resume. Please be aware that applications can only be accepted for current openings. Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. **Thompson Innovative Glass** is an equal opportunity employer.

*All Thompson Innovative Glass employees are employed on an "at-will" basis. This means that there is no definite term of employment and both the employee and Thompson Innovative Glass are free to end the employment relationship at any time with or without prior notice, and with or without cause.*

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE INITIAL)				
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER: HOME (    ) CELL (    )	EMAIL ADDRESS:		REFERRED BY:	
POSITION APPLYING FOR:		DATE YOU CAN START:	SALARY/PAY DESIRED:	
ARE YOU CURRENTLY EMPLOYED?    YES    NO		IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?    YES    NO		

### AVAILABILITY FOR WORK

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES    NO    IF YES, WHEN: _____	HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES    NO    IF YES, WHEN: _____
SHIFT DESIRED:    FIRST    SECOND    THIRD	WILLING TO WORK ANY

### PERSONAL

WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? YES    NO	WILL YOU WORK WEEKEND OVERTIME IF NECESSARY? YES    NO
DO YOU HAVE ANY ON GOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE?    YES    NO IF YES, PLEASE DESCRIBE:	

### YOU MUST BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT

ARE YOU AT LEAST 18 YEARS OF AGE? YES    NO	CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK INT THE UNITED STATES? YES    NO
HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED?    YES    NO IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION, EXCEPT A MINOR TRAFFIC VIOLATION?    YES    NO IF YES, PLEASE EXPLAIN (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT):	

## EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

**EMPLOYMENT RECORD: DO NOT indicate, "see resume".**

Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet if necessary and include all periods of unemployment.

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

**WORK REFERENCES:** Please provide a minimum of three.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

**PERSONAL REFERENCES:** Please provide a minimum of two who are not related to you.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

**CERTIFICATE OF APPLICANT (Read carefully before signing.)**

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Thompson Innovative Glass concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless Thompson Innovative Glass, their employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either the company or myself. I understand that any employment agreement to the contrary must be in writing and approved by the Company's Chief Financial Officer or President. If employed, I agree to comply with all rules of the company as a condition of continued employment.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_