



Employment Application

Fill out the application form completely. Be sure to sign when completed.

Craftsman Fabricated Glass, Ltd. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, ancestry, natural origin, religion, age, sex, marital status, disability or handicap, or veteran status.

Date

Please Print

Personal Information	Last Name		First	Middle	Email Address
	Present Address		City, State, Zip Code		Contact Telephone Number
	Previous Address		City, State, Zip Code		Alternate Telephone Number
	How did you hear about us?		Have you worked for us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?:		Eligible to Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	What type of employment do you prefer? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>			Are you willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Position Applied for: _____				Shift Preferred: <input type="checkbox"/> 1st: Between 5-8am <input type="checkbox"/> 2nd: Varies <input type="checkbox"/> 3rd: Varies
	<input type="checkbox"/> Exec/Admin/Clerical <input type="checkbox"/> Maintenance/Janitorial <input type="checkbox"/> Driver		Please list any days of the week you are unavailable to work:		
	<input type="checkbox"/> Sales/Mktg/CSR <input type="checkbox"/> Warehouse/Production <input type="checkbox"/> Other				
All of our Warehouse/Shop positions require that you be able to lift 75lbs. Are you able to meet this requirement? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Starting Salary Desired: \$ _____ per hour Date Available for Employment: _____					

Employment History	Most Recent Employer Name		Address	City, State, Zip Code	Telephone Number
	Start Date	End Date	Starting Base Salary \$	Ending Base Salary \$	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title		Supervisor	Reason for Leaving	
	Brief description of duties (including number of persons supervised if applicable)				
	Previous Employer Name		Address	City, State, Zip Code	Telephone Number
	Start Date	End Date	Starting Base Salary \$	Ending Base Salary \$	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title		Supervisor	Reason for Leaving	
	Brief description of duties (including number of persons supervised if applicable)				
	Previous Employer Name		Address	City, State, Zip Code	Telephone Number
	Start Date	End Date	Starting Base Salary \$	Ending Base Salary \$	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title		Supervisor	Reason for Leaving		
Brief description of duties (including number of persons supervised if applicable)					

Military & Education	Schools Attended & Location	Dates Attended From To		Major	Degree Type	Overall Grade Avg.	Date of Graduation (Mo/Yr)	
	High School	X		X		Diploma or GED Yes <input type="checkbox"/> No <input type="checkbox"/>	X	
	College							
	College							
	Special Awards or Recognition					If no degree obtained, indicate number of college credit hours completed:		
	Active Duty Branch	Dates of Active Duty			Highest Rank Attained			

Criminal	Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(A conviction record will not necessarily be a bar to employment. Factors such as job relation, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)</i>
	If yes, please list the date, nature, location and disposition.

Skills	License/Certification	Date Issued	Date Expires	Issued by/Location of Issuing Authority (State or other authority) (City & State)	License No.

List three professional references most familiar with your abilities.

References	Name and Association	Occupation	Phone Number	Years Known
	Name and Association	Occupation	Phone Number	Years Known
	Name and Association	Occupation	Phone Number	Years Known

PLEASE READ THE CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Craftsman Fabricated Glass, Ltd. (hereinafter referred to as "Craftsman") that such employment with Craftsman is at will, for no specified duration and may be terminated by either Craftsman or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Craftsman or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Craftsman, if employed, I agree to conform to the rules, regulations, policies and procedures of Craftsman at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Craftsman's business, attendance and punctuality are considered essential requirements of every job at Craftsman and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Craftsman, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Craftsman and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Signature - Applicant _____ Date _____