



Application for Employment

Application must be completed in full to be considered for employment.

POSITION YOU ARE APPLYING FOR: () Installer () Installer Trainee

HOW DID YOU LEARN ABOUT US? _____

REFERRED BY: _____

APPLICANTS NAME: _____

CURRENT ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NO.: _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK: _____

SALARY REQUIREMENTS: _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY JEFF'S AUTO GLASS? () YES () NO

ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S.? () YES () NO

HAVE YOU EVER PLEADED GUILTY, NO CONTEST, OR BEEN CONVICTED OF A CRIME? () YES () NO

IF YES, GIVE DATES AND DETAILS: _____

NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. THIS DOES NOT INCLUDE MINOR TRAFFIC INFRACTIONS, AND CONVICTIONS FOR WHICH THE RECORD HAS BEEN SEALED OR EXPUNGED.

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY OTHER JOB? () YES () NO

IF YES, PLEASE EXPLAIN: _____

EDUCATION HISTORY:

NAME AND LOCATION OF HIGH SCHOOL: _____

DID YOU GRADUATE? () YES () NO

NAME AND LOCATION OF COLLEGE: _____

YEARS ATTENDED: _____

AREA OF STUDY: _____

TRADE OR BUSINESS SCHOOL: _____

YEARS ATTENDED: _____

AREA OF STUDY: _____

DO YOU HAVE PREVIOUS EXPERIENCE WORKING WITH AUTO GLASS? () YES () NO

DO YOU HAVE EXPERIENCE WORKING WITH HAND TOOLS, SUCH AS WRENCHES, DRILLS,
SCREWDRIVERS, ETC? () YES () NO

IF YES, PLEASE EXPLAIN: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS: _____

PREVIOUS EMPLOYMENT (begin with most recent position)

DATES OF EMPLOYMENT: FROM ___/___/___ TO ___/___/___ POSITION HELD: _____

COMPANY NAME: _____

ADDRESS: _____

EMPLOYER PHONE NO: _____ SUPERVISOR _____

RESPONSIBILITIES: _____

STARTING WAGE AND TITLE: _____ ENDING WAGE AND TITLE: _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? () YES () NO

DATES OF EMPLOYMENT: FROM ___/___/___ TO ___/___/___ POSITION HELD: _____

COMPANY NAME: _____

ADDRESS: _____

EMPLOYER PHONE NO: _____ SUPERVISOR _____

RESPONSIBILITIES: _____

STARTING WAGE AND TITLE: _____ ENDING WAGE AND TITLE: _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? () YES () NO

DATES OF EMPLOYMENT: FROM ___/___/___ TO ___/___/___ POSITION HELD: _____

COMPANY NAME: _____

ADDRESS: _____

EMPLOYER PHONE NO: _____ SUPERVISOR _____

RESPONSIBILITIES: _____

STARTING WAGE AND TITLE: _____ ENDING WAGE AND TITLE: _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? () YES () NO

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for and specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of the disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE: _____

DATE: _____

Jeff's Auto Glass is an equal opportunity employer. The company does not discriminate on the basis of age, race, religion, sex, national origin, individuals with disabilities, marital status, sexual preference, or any other type of discrimination prohibited by any local, state, or federal law.

THANK YOU FOR YOUR INTEREST IN JEFF'S AUTO GLASS