



**The Glazing
Supply Company**

EXPERIENCE AND INNOVATION

Employment Application

GLAZING SUPPLIES SHOWER DOOR HARDWARE ARCHITECTURAL HARDWARE RAILING HARDWARE STOREFRONTS & ENTRANCES TRANSACTION HARDWARE METAL EXTRUSIONS DIACK STORE FIXTURES

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE
CURRENT ADDRESS			HOME PHONE
CITY/STATE/ZIP			MOBILE PHONE
PREVIOUS ADDRESS			EMAIL
CITY/STATE/ZIP			
POSITION APPLIED FOR		DATE AVAILABLE	DESIRED SALARY
ARE YOU A CITIZEN OF THE UNITED STATES?	[] YES [] NO	IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?	[] YES [] NO
HAVE YOU EVER WORKED FOR THIS COMPANY?	[] YES [] NO	IF YES WHEN?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	[] YES [] NO	IF YES EXPLAIN	

EDUCATION

HIGH SCHOOL	CITY	COURSE OF STUDY	GRADUATED? [] YES [] NO	IF NO, NUMBER OF YEARS: ____
TECH OR TRADE SCHOOL	CITY	COURSE OF STUDY	GRADUATED? [] YES [] NO	IF NO, NUMBER OF YEARS: ____
COLLEGE/UNIVERSITY	CITY	MAJOR/DEGREE	GRADUATED? [] YES [] NO	IF NO, NUMBER OF YEARS: ____
COLLEGE/UNIVERSITY	CITY	MAJOR/DEGREE	GRADUATED? [] YES [] NO	IF NO, NUMBER OF YEARS: ____

PLEASE LIST ANY OTHER JOB RELATED SEMINARS, SHORT COURSES, WORKSHOPS OR EDUCATIONAL EXPERIENCES IN ADDITION TO THE ABOVE.

REFERENCES

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATIVES, AND YOU HAVE KNOWN FOR AT LEAST THREE YEARS.

NAME	ADDRESS	EMAIL	PHONE

SGN0102 09.21

PREVIOUS EMPLOYMENTS

PLEASE PROVIDE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER.

COMPANY NAME	PHONE
ADDRESS	CITY/STATE/ZIP
NAME OR SUPERVISOR / SUPERVISOR EMAIL	DATES OF EMPLOYMENTS (Month/Year) FROM TO
STARTING HOURLY RATE/SALARY	LAST HOURLY RATE/SALARY
YOUR JOB TITLE	DESCRIPTION OF WORK
REASON FOR LEAVING	IS THERE ANY REASON WHY YOU WOULD NOT WANT US TO CONTACT THIS EMPLOYER?
COMPANY NAME	PHONE
ADDRESS	CITY/STATE/ZIP
NAME OR SUPERVISOR / SUPERVISOR EMAIL	DATES OF EMPLOYMENTS (Month/Year) FROM TO
STARTING HOURLY RATE/SALARY	LAST HOURLY RATE/SALARY
YOUR JOB TITLE	DESCRIPTION OF WORK
REASON FOR LEAVING	IS THERE ANY REASON WHY YOU WOULD NOT WANT US TO CONTACT THIS EMPLOYER?
COMPANY NAME	PHONE
ADDRESS	CITY/STATE/ZIP
NAME OR SUPERVISOR / SUPERVISOR EMAIL	DATES OF EMPLOYMENTS (Month/Year) FROM TO
STARTING HOURLY RATE/SALARY	LAST HOURLY RATE/SALARY
YOUR JOB TITLE	DESCRIPTION OF WORK
REASON FOR LEAVING	IS THERE ANY REASON WHY YOU WOULD NOT WANT US TO CONTACT THIS EMPLOYER?

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

SIGNATURE: _____ DATE: _____