



**INTERSTATE GLASS
IN-SHOP ASSISTANT**

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ SSN: _____

E-mail: _____ Phone Number: _____

Address: _____
(Street)

Driver's License #: _____

Do you have reliable transportation? Yes No

(Town) (State) (Zip code)

Are you a United States citizen? Yes No If no, are you authorized to work in the United States? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, Please explain: _____

Are you able to perform the functions of the position without accommodation? Yes No

I will be available to report to work _____ days after being notified that I am hired.

EDUCATION

High School / Trade School: _____ Diploma: _____

College: _____ Degree: _____

Other: _____ Degree: _____



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WORK EXPERIENCE

Company: _____ Position: _____

Address: _____ Dates Employed: _____

Company: _____ Position: _____

Address: _____ Dates Employed: _____

Company: _____ Position: _____

Address: _____ Dates Employed: _____

PROFESSIONAL REFERENCES

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____