# THE GLASS SHOP APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFOR	MATION				DATE		
							LAST
NAME							'  _
	LAST	FIRST		MIDDLE			
STREET ADDRESS	STREET	CITY		STATE	ZIP		$\left  \right $
	UNLET			UNTE	211		
PHONE NO.	ARE	YOU 18 YEARS OR	OLDER?	Yes 🗆	No 🗆		
ARE YOU PREVENTED				Yes 🗆	No 🗆.		
EMPLOYMENT DES	SIRED DATE A	VAILABLE	V	LID DRIVERS I	ICENSE Y	es 🗆 No 🗖	1
POSITION	DESIRE	D SALARY	C			íes 🗅 🛛 No 🖵	<u> </u>
ARE YOU EMPLOYED I	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?				FIRST		
ARE YOU WILLING TO	SUBMIT TO A CON	TROLLED SUBSTAN	CE TEST?				
IF HIRED, ARE YOU ABI	LE TO PERFORM HE	AVY LIFTING AND I	HANDLING	OF GLASS?			
EDUCATION	NAME AND LOC	ATION OF SCHOOL		*NO OF YEARS ATTENDE	*DI	D YOU DUATE?	
HIGH SCHOOL							
TRADE SCHOOL							MIDDLE
COLLEGE							
SPECIAL SKILLS							
ACTIVITIES: (CIVIC ATHLE							
EXCLUDE ORGANIZATIONS, THE I	NAME OF WHICH INDICATES	THE RACE, CREED. SEX. AG	GE, MARITAL ST	ATUS, COLOR OR NA	TION OF ORIGIN C	F ITS MEMBERS.	
U. S MILITARY OR NAVAL SERVICE		RANK			MEMBERSHIP GUARD OR R		

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26. 1991.

### FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
ТО				
FROM				
ТО				
FROM				
ТО				

#### WHICH OF THESE JOBS DID YOU LIKE BEST?

#### WHAT DID YOU LIKE MOST ABOUT THIS JOB?

## REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	YEARS ACQUAINTED
1		
2		
3		

	Signature of Applican	Signature of Applicant		
IN CASE OF	5 11			
EMERGENCY NOTIFY	4222500			
NAME	ADDRESS	PHONE NO.		
IF ANY FALSE INFORMATION, OMISSION AM EMPLOYED. MY EMPLOYMENT MAY IN CONSIDERATION OF MY EMPLOYMEN MY EMPLOYMENT AND COMPENSATION TIME, AT EITHER MY OR THE COMPANY EMPLOYMENT MAY BE CHANGED, WITH UNDERSTAND THAT NO COMPANY REP	NT, I AGREE TO CONFORM TO THE COMPANY'S RUNCAN BE TERMINATED, WITH OR WITHOUT CAUSE ('S OPTION. I ALSO UNDERSTAND AND AGREE THAT OR WITHOUT CAUSE, AND WITH OR WITHOUT NO PRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND ITY TO ENTER INTO ANY AGREEMENT FOR EMPLO	MY APPLICATION MAY BE REJECTED AND, IF I JLES AND REGULATIONS, AND I AGREE THAT E. AND WITH OR WITHOUT NOTICE, AT ANY AT THE TERMS AND CONDITIONS OF MY DTICE, AT ANY TIME BY THE COMPANY. I D THEN ONLY WHEN IN WRONG AND SIGNED		
DATE SIGNATURE				
	DO NOT WRITE BELOW THIS LINE			
INTERVIEWED BY:		DATE:		
REMARKS:				
NEATNESS	ABILITY			
HIRED: Yes No	POSITION			
SALARY/WAGE	DATE REPORTING T	DATE REPORTING TO WORK		
APPROVED BY: 1.	2.	3		

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.