

# Clear Visions Glass and Country Sunrooms Application for Employment

An Equal Opportunity Employer

## Personal Information

Date \_\_\_\_\_

Name	social security #			
Address	Apt. #			
City	State	Zip		
Home Phone Number				
Date of Birth				
Marriage status	Single	Married	Separated	Divorced

## Desired Employment

Position	Date you can start	Salary desired
Are you employed now? Yes	No	May we inquire of your present employer?
Who referred you to this company?	Newspaper	Friend Other

## Education

School Level	Name & Location of school	# of years attended	Did you graduate?	Subjects Studied
High School				
College				
Trade/Business School				

# FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS. STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**General**

List any special training or skills you have and maybe valuable to our company:

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**References**

Name	Address	Phone Number	Business	Years Acquainted

<b>Have you been convicted of a felony within the last 5 years?</b>	<b>Yes</b>	<b>No</b>
<small>If yes, Please explain. (Will Not necessarily exclude you from consideration.)</small>		

**Please list below whom to contact in case of an emergency:**

<b>Name</b>	<b>Phone</b>	<b>Relation</b>
_____	_____	_____

## Authorization

"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 of 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 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 any 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."

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Date

Signature