

American Insulated Glass

FABRICATORS OF CUSTOM INSULATED GLASS, CUT GLASS AND MIRROR
3965 E. CONLEY ROAD
P. O. BOX 750
CONLEY, GA. 30288-2137
PHONE (404) 361-9154 * FAX (404) 361-9157

APPLICATION FOR EMPLOYMENT

American Insulated Glass is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time Part Time Day shift Night shift
Salary Desired _____ Phone # _____ Email Address _____

Are you over 18 years old? __ Yes __ No

Are you legally eligible for employment in the United States? __ Yes __ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of years Completed (circle one) 1 2 3 4

Diploma: __ Yes __ No **G.E.D.:** __ Yes __ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____
Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

RECORD OF CONVICTION:

During the last ten years, have you been convicted of a crime other than minor traffic offense? ___
Yes ___ No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ___ Yes ___ No

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

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Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? __Yes __No

If yes, explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize American Insulated Glass to verify their accuracy and to obtain reference information on my work performance. I hereby release American Insulated Glass from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for immediate dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

DO NOT WRITE IN THE SPACE BELOW

Interviewed by: _____ Date: _____

Hired: Yes No Position: _____ Salary/Wage: _____

Dept: _____ Date reporting to work: _____

Name _____ Date _____
















