American Window & Glass, Inc. and American Wholesalers, Inc. Application for Employment

Thank you for your interest in employment with American Window & Glass, Inc. and/or American Wholesalers, Inc. Please complete all sections of the application form so that your qualifications may be fully considered. It is the policy of the company to be in full compliance with all applicable federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, color, sex, religion, disability, age, national origin, genetic information, or veteran status.

Position Desired:				Date:		
Name:						
	(Last)	(First)		(Middle)		
Address:						
	(Street)	(City)		(State)	(Zip Code)	
Cell Phone: ()	Other	Message Phone: ()		
Email Address:						
Date available t	to begin employment:	<u>.</u>	Salary desired: _			
If records are in	n another name(s), please lis	t:				
Are you 18 year	rs of age or older? (Individual	s who are 14 – 17 years of age m	ay be required to provid	de a work permit.)		
Yes	No					
Are you legally	eligible to be employed in t	ne United States? (Proof of	identity and eligibility w	vill be required upon	employment.)	
Yes	No If no, please	explain:				
•	been convicted of any crime employment. All factors will be co		minor traffic violat	ions? (Conviction o	of a crime is not an automatic	
Yes	_ No	in:				
I am seeking (ch	neck all that are applicable):		I am willing to we	ork:		
□ Full-time □ Part-time			 Days (1st shift Evenings (2nd shift) Nights (3rd shifts) Split Shifts Rotating Shift Overtime 	^d shift) nift)		

Education

School	Name, City, State	ty, State Circle Last		ree	Course of Study
		Year Completed	Yes	No	
High School		9 10 11 12			
Business / Vocational School		9 10 11 12			
College – Undergraduate		1 2 3 4			
Graduate School		1 2 3 4			
Internships				-	

Employment History

Beginning with your current / most recent employment, please complete the section below in full. Incomplete information could disqualify you from further consideration.

Company:	Job Title:		From: to				
City/State Zip	Supervisor:	Supervisor:					
Email:	Phone Number: ()	May we co	ontact? Yes No				
Duties:							
Company:	Job Title:		From: to (mo / yr)				
Address:	City / State / Zip:		(mo/yr) (mo/yr) Final Salary:				
Supervisor:	Phone Number: ()	Email:					
Duties:							
		Amount of notice given:					
Company:	Job Title:		From: to				
Address:	City / State / Zip:		Final Salary:				
Supervisor:	Phone Number: ()	Email:					
Duties:							
Reason for Leaving:		Amount of notice given:					
Have you ever been discharged fro	om a position or asked to resign from a	a position in lieu of being disc	charged? Yes No				
If yes, please explain:							
st individuals who can provide informates ave already been identified on the pre	Professional Refation about your employment, volunteer, ovious page.		ease do not list supervisors who				
ame:		Company:					
ccupation / Relationship:		Number of Years Know	wn:				
lessage Phone:		Email:					
		Company:					
ccupation / Relationship:		Number of Years Known:					
lessage Phone:		Email:					

Applicant Certification and Agreement

In exchange for the consideration of my job application by American Window & Glass, Inc. and/or American Wholesalers, Inc. (Company) I agree that: (initials) Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of co-worker handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain a co-worker of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, WHICH MEANS THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations, and I understand that Company reserves the right to change wages, hours and working conditions as deemed necessary. (initials) I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others about me as deemed appropriate by the Company, and hereby release the Company from any liability as a result of such contract. (initials) I understand that any employment offer is contingent upon my providing, within three working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986. (initials) I have read and reviewed the information provided in this application and the above statements. I certify that the facts and information set forth in this application, are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application, resume and any attachments (or on any required document) will be cause for denial of employment or termination of employment, regardless of when or how it was discovered. Signature: _____ Printed Name: _____