



Goodies Glass Inc

GOODIES GLASS INC EMPLOYMENT APPLICATION

DATE: _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP

HOW LONG _____ SOCIAL SECURITY NO _____

TELEPHONE: () _____

POSITION APPLIED FOR _____ _____	DAYS/HOURS AVAILABLE TO WORK NO PEF _____ WED _____ SAT _____ MONDAY _____ THURSDAY _____ TUESDAY _____ FRIDAY _____
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EMPLOYMENT DESIRED FULL TIME PART TIME

WHEN ARE YOU AVAILABLE TO START: _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER YEARS	MAJOR&DEGREE
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HIGH SCHOOL _____

COLLEGE _____

BUS.OR TRADE SCHOOL _____

PROFESSIONAL SCHOOL _____

TYPING YES/NO WPM___ 10-KEY___ WORD PROCESSING YES/NO _____

COMPUTER SKILLS BASIC _____ MODERATE _____ ADVANCED _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO _____ YES _____

If yes, explain number of conviction(s) , nature of offense(s) leadin to convition(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of reha:

DO YOU HAVE A DRIVER LICENSE? YES/NO _____

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? _____

DRIVER LICENSE NUMBER _____ STATE OF ISSUE _____

HAVE YOU HAD ANY ACCIDENTS PAST 3YEARS? _____ HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST 3YEARS? _____

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NAME OF EMPLOYER NAME OF LAST SUPERVISOR EMPLOYMENT DATES PAY OR SALARY
FROM TO START FINAL

NAME OF EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____
YOUR LAST JOB TITLE _____

REASON FOR LEAVING(SPECIFIC
LIST THE JOBS YOU HELD, DUTIES PERFORMED,SKILLS USED OR LEARNED,ADVANCEMENTS OR
PROMOTIONS WHILE YOU WORKED THIS JOB:

NAME OF EMPLOYER NAME OF LAST SUPERVISOR EMPLOYMENT DATES PAY OR SALARY
FROM TO START FINAL

NAME OF EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____
YOUR LAST JOB TITLE _____

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APPLICATION FORM WAIVER

IN EXCHANGE FOR THE CONSIDERATION OF MY JOB APPLICATION BY GOODIES GLASS INC (HERE INAFTER CALLED "THE COMPANY"), I AGREE THAT:
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 EMPLOYEE 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 AN EMPLOYEE OF GOODIES GLASS INC, OR OTHER WISE TO CHANGE IN ANY RESPECT THE EMPLOYMENT-AT-WILL RELATIONSHIP BETWEEN IT AND THE UNDERSIGNED, AND THAT RELATIONSHIP CAN NOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE EMPLOYMENT RELATIONSHIP AT ANY TIME , WITHOUT SPECIFIED NOTICE OR REASON. IF EMPLOYED I UNDERSTAND THAT THE COMPANY MAY UNILATERALLY CHANGE OR REVISE THE BENEFITS POLICIES AND PROCEDURES AND SUCH CHANGES MAY INCLUDE REDUCTION IN BENEFITS.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I HEREBY GIVE THE COMPANY PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS(UNLESS OTHERWISE INDICATED),REFERENCES, AND OTHERS, AND HEREBY RELEASE THE COMPANY FROM ANY LIABILITY AS A RESULT OF SUCH CONTRACT.

I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE PROBATIONARY FOR A PERIOD OF SIXTY (60) DAYS, AND FURTHER THAT AT ANY TIME DURING THE PROBATIONARY PERIOD OR THEREAFTER, MY EMPLOYMENT REALTION WITH THE COMPANY IS TERMINABLE AT WILL FOR ANY REASON BY EITHER PARTY.

SIGNATURE OF APPLICANT(X) _____

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX,SEXUAL ORIENTATION , NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

THANK YOU FOR COMPLETING THIS APPLICATION FOR AND YOUR INTEREST IN OUR BUISNESS. PLEASE BRING THIS APPLICATION INTO ANY GOODIES GLASS INC OFFICE OR FAX TO 623-518-4757.