# Goodies Glass Inc

TAKING CARE OF ALL YOUR AUTO GLASS NEEDS!

623-215-8596

# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

| LAST NAME | FIRST NAME | MIDDLE NAME | DATE |
|---|---|---|---|
| | | | |

| PHONE NUMBER | EMAIL ADDRESS |
|---|---|
| | |

| STREET ADDRESS (NUMBER & STREET) |
|---|
| |

| CITY | STATE | ZIP |
|---|---|---|
| | | |

| HOW LONG AT THIS ADDRESS? | SOCIAL SECURITY NO. |
|---|---|
| | |

## POSITION & AVAILABILITY

| POSITION(S) APPLIED FOR | WHEN ARE YOU AVAILABLE TO START? |
|---|---|
| | |

**DAYS AVAILABLE TO WORK**

☐ No Preference ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

| HOURS AVAILABLE | EMPLOYMENT DESIRED |
|---|---|
| | ☐ Full Time ☐ Part Time |

## EDUCATION & SKILLS

| TYPE OF SCHOOL | NAME OF SCHOOL | CITY / STATE | YEARS | MAJOR & DEGREE |
|---|---|---|---|---|
| High School | | | | |
| College | | | | |
| Business / Trade School | | | | |
| Professional School | | | | |

| TYPING | WORDS PER MINUTE | 10-KEY | WORD PROCESSING |
|---|---|---|---|
| ☐ Yes ☐ No | | | ☐ Yes ☐ No |

**COMPUTER SKILLS**

☐ Basic ☐ Moderate ☐ Advanced

## BACKGROUND

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**

☐ No ☐ Yes

**IF YES, EXPLAIN:** number of conviction(s), nature of offense(s), how recently committed, sentence(s) imposed, and type(s) of rehabilitation.

## DRIVER INFORMATION

| DO YOU HAVE A DRIVER LICENSE? | DRIVER LICENSE NUMBER | STATE OF ISSUE |
|---|---|---|
| ☐ Yes ☐ No | | |

| MEANS OF TRANSPORTATION TO WORK |
|---|
| |

| ANY ACCIDENTS IN THE PAST 3 YEARS? | IF YES, HOW MANY? | MOVING VIOLATIONS IN PAST 3 YEARS? |
|---|---|---|
| ☐ No ☐ Yes | | ☐ No ☐ Yes |

## REFERENCES

Please list two references other than relatives.

| | REFERENCE 1 | REFERENCE 2 |
|---|---|---|
| NAME | | |
| POSITION | | |
| COMPANY | | |
| ADDRESS | | |
| TELEPHONE | | |

## ADDITIONAL QUALIFICATIONS

Use the space below to summarize any additional information that describes your full qualifications for the position you are applying for.

**WORK EXPERIENCE** — Please list your work experience for the past 3 years, beginning with the most recent.

## EMPLOYER 1 (MOST RECENT)

| | | | |
|---|---|---|---|
| NAME OF EMPLOYER | | PHONE NUMBER | |
| ADDRESS | | | |
| YOUR LAST JOB TITLE | | NAME OF LAST SUPERVISOR | |
| DATE FROM | DATE TO | STARTING PAY | FINAL PAY |
| REASON FOR LEAVING (BE SPECIFIC) | | | |
| POSITIONS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS | | | |

## EMPLOYER 2

| NAME OF EMPLOYER | | PHONE NUMBER | |
|---|---|---|---|
| ADDRESS | | | |
| YOUR LAST JOB TITLE | | NAME OF LAST SUPERVISOR | |
| DATE FROM | DATE TO | STARTING PAY | FINAL PAY |
| REASON FOR LEAVING (BE SPECIFIC) | | | |
| POSITIONS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS | | | |
| | | | |
| | | | |

## EMPLOYER 3

| NAME OF EMPLOYER | | PHONE NUMBER | |
|---|---|---|---|
| ADDRESS | | | |
| YOUR LAST JOB TITLE | | NAME OF LAST SUPERVISOR | |
| DATE FROM | DATE TO | STARTING PAY | FINAL PAY |
| REASON FOR LEAVING (BE SPECIFIC) | | | |
| POSITIONS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS | | | |
| | | | |
| | | | |

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Goodies Glass Inc (hereinafter 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 otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an authorized officer of the Company. Either the Company or I may terminate the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise its benefits, policies, and procedures, and such changes may include a 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 contact.

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 relationship with the Company is terminable at will for any reason by either party.

| SIGNATURE OF APPLICANT | DATE |
|---|---|
| | |
| **PRINTED NAME** | |
| | |

**EQUAL EMPLOYMENT OPPORTUNITY**
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 and for your interest in our business.**

Please email your completed application to:

**shop@goodiesglass.com**