

Sun Windows Inc.

Application for Employment

NAME _____ POSITION APPLIED FOR _____ DATE AVAILABLE _____

Did anyone recommend that you apply for employment with us? _____ Recommended By: _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Failure to do so will disqualify your consideration for employment. Please print and use a pen. Your qualifications will be carefully reviewed, and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with our company. Keep this in mind as you complete it. SPECIAL NOTE: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an equal opportunity employer. This application must be signed to be considered.

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Street Address: _____

_____ City: _____ State: _____ Zip: _____

Telephone Number(s): () _____ () _____

Previous Address: _____

Are you legally entitled to work in the United States: () YES () NO – Compliance with I-9 requirements is mandatory, upon employment.

If you are younger than 21, how old are you? ____ If you are younger than 18, how old are you? _____

Have you ever been convicted of a felony? _____ If yes, explain: _____

Answer these for all positions requiring the use of a vehicle.

Do you have a Commercial driving license? () YES () NO

Have you ever been convicted of a moving traffic violation: () YES () NO

If yes, list all here: _____

An essential function of all SUN WINDOWS INC. factory jobs includes some lifting and frequent moving from station to station. Are you willing to lift...?

Seldom	Occasionally	Frequently
() 10	() 10	() 10
() 25	() 25	() 25
() 50	() 50	() 50
() 75	() 75	() 75
() 100	() 100	() 100

Based on the job description, do you have the ability to perform the job for which you are applying?

() YES () NO

EXPERIENCE

List below all present and past employment, beginning with your most recent employer:

Employer: _____ Address: _____

Type of Business: _____ Supervisor: _____

Title: _____ Starting Pay: _____ per (hr, wk, mo, yr) Final Pay: _____

Why did you leave: () Quit () Discharge () Retired () Layoff; Explain _____

Dates Employed: _____ to _____

What did you like least about this job? _____

For job reference, call: _____ at _____

() Please do not contact this employer. Why not? _____

Employer: _____ Address: _____

Type of Business: _____ Supervisor: _____

Title: _____ Starting Pay: _____ per (hr, wk, mo, yr) Final Pay: _____

Why did you leave: () Quit () Discharge () Retired () Layoff; Explain _____

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Why did you leave: () Quit () Discharge () Retired () Layoff; Explain _____

Dates Employed: _____ to _____

What did you like least about this job? _____

For job reference, call: _____ at _____

() Please do not contact this employer. Why not? _____

EDUCATION INFORMATION

High School Name: _____ Address: _____

Did you graduate? _____ If no, last grade completed: _____ GED Obtained? _____ Grade Average: _____

COLLEGES

	Name	Address	Hours Completed	Date Graduated	Type of Degree	GPA
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Other Education: _____

Awards, Honors, Leadership Roles: _____

MILITARY () – Check if not applicable

List service in U.S. Military: From _____ to _____ Branch: _____

Rank at Discharge: _____ Military Experience that may be applicable: _____

GENERAL EMPLOYMENT INFORMATION

1. List here all the equipment with which you have experience and training. (Examples: lathe, grinder, forklift, typewriter, adding machine, computers, calculators, etc.): _____

2. Have you applied here before? () YES () NO If yes, when? _____

3. Were you previously employed by our company? () YES () NO If yes, when? _____ to _____

4. Pay expected: _____ per hour _____ or per week _____

5. Number of hours you are available per work? _____ () – Check if no preference

6. Type of employment sought: () Regular full time () Regular part time () Temporary () Seasonal

7. Which of these times are you available: Days _____ Weekends _____ Holidays _____ Nights _____

8. Because of the nature of production work and the demands of the marketplace, we require a work force that we can depend upon for 3 shifts a day, 5, 6, or 7 days a week, except for authorized leaves. Is there any reason that you may not be able to perform the job for which you have applied on a daily basis? () YES () NO

If yes, please explain: _____

To applicant: Please read this information carefully and sign below.

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. I agree to conform to the rules and regulations for employees. I understand that my employment here is "at will" and my employment can be terminated, with or without cause, at any time, at the option of either the company or me. I understand that no representative of this company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- V. I understand that I may be required to submit a pre-employment and post-employment test for fitness, honesty, and/or substance abuse if not prohibited by law.
- VI. Upon separation of employment, I authorize the company to withhold from my final paycheck any monies owed to them by me.

DATE _____ SIGNATURE _____

AUTHORIZATION FOR DRUG SCREENING

I am willing and agree to be tested for drugs which may include, urinalysis, a blood test, or hair test drug screening. I recognize that such test may be requested prior to or during my employment. Accordingly, I give my consent to any clinic, laboratory, or hospital, designated by SUN WINDOWS INC. to perform such appropriate tests or examinations on me for drugs and/or alcohol.

I further give my permission to any such clinic, laboratory, or hospital to release the results of these test to SUN WINDOWS INC. I also understand that the results of such procedures and/or tests may be considered as part of my application for employment, and will become part of personal file if I am hired as an employee of SUN WINDOWS INC.

I further understand and agree that should I become an employee of SUN WINDOWS INC. and as a condition of continued employment, SUN WINDOWS INC. reserves the right to conduct future drug/alcohol screenings to detect the presence of alcohol, illegal or unauthorized drugs and other dangerous substances, and that the presence of such substances or the refusal to submit to such tests may be grounds for immediate discharge.

Applicant's Signature: _____ Date Signed: _____

DO NOT WRITE IN SPACE BELOW – FOR INTERVIEWER'S NOTES

INTERVIEWER: _____ DATE OF INTERVIEW: _____

Recommendations: Shift _____ Pay Grade _____ Position _____

Comments: _____

Final Action Taken: _____
