

## Sun Windows Inc.

## **Employment Application**

|               |                               | App          | olicant  | Informa    | ation     |                 |                      |    |  |
|---------------|-------------------------------|--------------|----------|------------|-----------|-----------------|----------------------|----|--|
| Full Name:    |                               |              |          |            |           | Date:           |                      |    |  |
|               | Last                          | Firs         | st       |            |           | М.І.            |                      |    |  |
| Address:      | Street Address                |              |          |            |           |                 | Apartment/Unit #     | ŧ  |  |
|               |                               |              |          |            |           |                 |                      |    |  |
|               | City                          |              |          |            |           | State           | ZIP Code             |    |  |
| Phone:        |                               |              | ,        | Email      |           |                 |                      |    |  |
| Date Availab  | ole: So                       | cial Securit | ty No.:_ |            |           | Date            | of Birth:            |    |  |
| Position App  | olied for:                    |              |          |            |           | Desired         | l Salary: <u>\$</u>  |    |  |
| Are you a ci  | tizen of the United States?   | YES          | NO       | If no, a   | are you a | authorized to w | YES ork in the U.S.? | NO |  |
| Have you ap   | oplied here before?           | YES          | NO       | If yes, v  | when?_    |                 |                      |    |  |
| Have you e    | ver worked for this company   | YES          | NO       | If yes,    | when?_    |                 |                      |    |  |
| Were you re   | commended to apply here?      | YES          | NO       | If yes, by | who?_     |                 |                      |    |  |
| Have you ev   | ver been convicted of a felon | yes<br>y? □  | NO       |            |           |                 |                      |    |  |
| If yes, expla | in:                           |              |          |            |           |                 |                      |    |  |
|               |                               |              | Edu      | cation     |           |                 |                      |    |  |
| High School   | :                             |              | Address  | S:         |           |                 |                      |    |  |
| From:         | To:                           | Did you g    | graduate | YES<br>? 🔲 | NO        | Diploma:        |                      |    |  |
| College:      |                               |              | Address  | S:         |           |                 |                      |    |  |
| From:         | To:                           | Did you g    | graduate | YES<br>? 🔲 | NO        | Degree:         |                      |    |  |
| Other:        |                               |              | Address  | S:         |           |                 |                      |    |  |
| From:         | To:                           | Did you g    | ıraduate | YES        | NO        | Degree:         |                      |    |  |

| References   |  |                          |  |  |  |  |  |
|--------------|--|--------------------------|--|--|--|--|--|
| Please list  | two professional references.                   |                          |  |  |  |  |  |
| Full Name:   |  | Relationship:            |  |  |  |  |  |
| Company:     |  | Dhono                    |  |  |  |  |  |
| Address:     |  |                          |  |  |  |  |  |
|              |  |                          |  |  |  |  |  |
| Full Name:   |  | Relationship:            |  |  |  |  |  |
| Company:     |  | Phone:                   |  |  |  |  |  |
| Address:     |  |                          |  |  |  |  |  |
|              |  |                          |  |  |  |  |  |
|              | Previous Employment                            |                          |  |  |  |  |  |
| Company:     |  | Phone:                   |  |  |  |  |  |
| Address:     |  | Com am da am             |  |  |  |  |  |
|              |  |                          |  |  |  |  |  |
| Job Title:   | Starting Salary:                               | Ending Salary: <u>\$</u> |  |  |  |  |  |
| Responsibil  | ities:   |                          |  |  |  |  |  |
| From:        | To: Reason for Le                              | eaving:                  |  |  |  |  |  |
|              |  | NO                       |  |  |  |  |  |
| May we con   | tact your previous supervisor for a reference? |                          |  |  |  |  |  |
| Company:     |  | Phone:                   |  |  |  |  |  |
| Address:     |  | Supervisor:              |  |  |  |  |  |
| Job Title:   | Starting Salary:\$                             | Ending Salary:\$         |  |  |  |  |  |
|              |  |                          |  |  |  |  |  |
| Responsibili | ities:   |                          |  |  |  |  |  |
| From:        | To: Reason for Le                              | eaving:                  |  |  |  |  |  |
|              | YES I  | NO                       |  |  |  |  |  |
|              | tact your previous supervisor for a reference? |                          |  |  |  |  |  |
|              |  |                          |  |  |  |  |  |
| Address:     |  | Supervisor:              |  |  |  |  |  |
| Job Title:   | Starting Salary:\$                             | Ending Salary:           |  |  |  |  |  |
| Responsibil  | ities:   |                          |  |  |  |  |  |
| From:        | To: Reason for Le                              | eaving:                  |  |  |  |  |  |
|              | YES  | NO                       |  |  |  |  |  |
| way we con   | tact your previous supervisor for a reference? |                          |  |  |  |  |  |

|  | Military Service (if applicable)   |  |  |  |  |
|--|--|--|--|--|--|
| Branch   | : From: To:  |  |  |  |  |
| Rank a   | t Discharge: Type of Discharge:  |  |  |  |  |
| If other   | than honorable, explain:   |  |  |  |  |
| General Employment Information   |  |  |  |  |  |
| 1.   | Type of employment sought: ( ) Full-Time ( ) Part-Time ( ) Temporary / Seasonal  |  |  |  |  |
| 2.   | Number of hours you are available per week:  |  |  |  |  |
| 3.   | Pay expected (per hour):   |  |  |  |  |
| 4.   | Are you willing to work overtime if / when required? ( ) Yes ( ) No If no, please explain below:   |  |  |  |  |
| 5.   | An essential function of all Sun Windows Inc. factory jobs includes lifting and frequent moving. What is the maximum weight (in lbs) you are comfortable lifting?  |  |  |  |  |
| 6.   | Based on the job description, do you have the ability to perform the job for which you are applying for?   |  |  |  |  |
| 0.   | ( ) Yes ( ) No   |  |  |  |  |
|  | Jobs Requiring the Use of Vehicles   |  |  |  |  |
| Do you   | have a Commercial Driving's License* (CDL)? ( ) Yes ( ) No *A CDL is a driver's license required to operate large, heavy, or placarded hazardous material vehicles in commerce, including trucks, buses, and trailers. |  |  |  |  |
| Have you ever been convicted of a moving traffic violation? ( ) Yes ( ) No   |  |  |  |  |  |
| If yes, please explain:  |  |  |  |  |  |
| Disclaimer and Signature   |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge. |  |  |  |  |  |
|  | application leads to employment, I understand that false or misleading information in my application or<br>www.may.result in my release.   |  |  |  |  |
| Signatu  | rre: Date:   |  |  |  |  |

## **Authorization for Drug Screening**

I am willing and agree to be tested for drugs and / or alcohol which may include: urinalysis, 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: | Dat | e: |
|------------------------|-----|----|