



# Application for Employment

Applicants May Be Tested For Illegal Drugs

Date \_\_\_\_\_

Name _____				
Last		First		Middle
Current Address _____				
Street Address		City	State	Zip
Telephone _____		Alternative Telephone _____		
Email Address _____				
Are you 18 years or Older? _____ Yes _____ No      Date of Birth _____				
<b>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS ?</b> _____ Yes _____ No				

Do you have a Driver's License? _____ Yes _____ No	
Driver's License Number _____	Expiration Date _____
State of Issue _____	Do you have an operator/Cdl endorsement ? Yes No
Have you had any accidents in the past 5 years ? _____ Yes _____ No      If yes, how many? _____	
What is your means of transportation to and from work? _____	
During the past 10 years have you ever been convicted of a crime other than a minor traffic offense?	
Yes _____	No _____
If Yes Please explain. _____	
Are you currently on probation or parole? _____ Yes _____ No	

**Education:**

High School: Number of Years Completed (Circle One) 0      1      2      3      4  
Diploma: \_\_\_\_\_ Yes    \_\_\_\_\_ No      G.E.D.    \_\_\_\_\_ Yes    \_\_\_\_\_ No

School Name \_\_\_\_\_ City/State \_\_\_\_\_

School Name \_\_\_\_\_ City/State \_\_\_\_\_

Course(s) of Study \_\_\_\_\_

Special Skills: \_\_\_\_\_

**Employment History:** List last three (3) employers, beginning with the most recent first.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Date of Employment:      From \_\_\_\_\_      To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Date of Employment:      From \_\_\_\_\_      To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Date of Employment:      From \_\_\_\_\_      To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**References:** Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____
Years Acquainted _____	Years Acquainted _____

Are you related to an employee of Custom Fiberglass? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, whom? \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

*I, \_\_\_\_\_, certify that all the information submitted by me on this application is true and complete to the best of my knowledge, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected; if it is discovered after I am employed, my employment may be terminated .*

*In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without casue, and with or without notice, at any time, at either my or the company's discretion. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

Interviewed By: \_\_\_\_\_ Date \_\_\_\_\_  
Remarks \_\_\_\_\_

Hired \_\_\_\_\_(Yes/No) Salary \_\_\_\_\_ Start Date \_\_\_\_\_