The Glass Specialists, Inc. **APPLICATION FOR EMPLOYMENT**

300 S.E. 79th St Phone 405.631.8037

Oklahoma City, OK 73149 Fax 405.631.2722

|  |
| --- |
| **Personal Information** |
| Last  | First |  | MI | SSN# | Email |  |
|  |  |  |  |  |
| Street Address |  | City | ST | Zip | Home Phone | Mobile  |
|  |  |  |  |  |  |
| Are you entitled to work in the United States? | Are you 18 or older? | If yes, Date of Birth |
|  |  |  |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? | If yes, please explain: |
|  |  |
| Military Service? | Branch |  | Are you a veteran? | War |
|  |  |  |  |
| What position are you applying for? | How did you hear about this position? |
|  |  |
| Expected Hourly Rate | Expected Weekly Earnings | Date Available |
|  |  |  |
| **Prior Work Experience** |
|  | Current or Most Recent | Prior |  | Prior |  |
| Employer |  |  |  |
| Address |  |  |  |
| City, ST, ZIP |  |  |  |
| Telephone |  |  |  |
| Name of Immediate Supervisor |  |  |  |
| Dates of Employment | From | To | From | To | From | To |
|  |  |  |  |  |  |
| Position/Job Title |  |  |  |
| Pay |  |  |  |
| Reason for Leaving |  |  |  |
| May We Contact |  |  |  |
| **Education** |
|  | Name/Location |  | Last Year Complete | Degree | Major |
| High School |  | 9 10 11 12 |  |  |
| College/University |  | 1 2 3 4 |  |  |
| Trade School |  |  |  |  |
| Other |  |  |  |  |
| List any applicable special skills, training or proficiencies. |  |
|  |  |  |  |  |  |  |
| Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.  | Signature | Date |
|  |  |

**The Glass Specialists, Inc.**

There is a 90 day probation period for all new employees.

Requirements are that you have to pass a drug test & background check. If you quit during your probation time you will be responsible for the cost of your drug test in the amount of $45.00.

Signature: Date:

**APPLICATION STATEMENT:**

I certify that statements made by me on this form are true & correct. I understand that if employed, any false statement on this application can be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: Date:

**DO NOT WRITE BELOW THIS LINE**

PERSONNEL ACTION: