Application for Employment

AMERICAN GLASS & WINDOW LLC

516 N LINCOLN ST ELKHORN, WI 53121 - 262-723-5333

Complete the entire application unless attaching a resume containing ALL information requested on the application. If attaching a resume, only pages 1 and 4 are required. Your SIGNATURE IS REQUIRED on the last page.

Personal Information		
Date		Resume Attached
Last Name	First Name	Middle
Street Address	City	State Zip Code
Home Phone	Mobile Phone	
Email Address	Social Security #	
Are you a U.S. Citizen? □ yes □ no	Are you legally authorized to work in	the United States? \Box yes \Box no
reasonable accommodations? If yes, plea	ot perform the essential functions of the job for v ase explain. al offense? □ yes □ no If yes, please pro	
An affirmative answer will not absolutely prohibit en	nployment, but will only be considered in relation to specific	c job requirements.
Employment Information		
Position Applied For		Salary Expected
Have you previously been employed with	AGW, LLC Glass Service? yes no If y	ves, dates of employment
How did you hear of our position?	nployee 🗆 Internet 🗆 Newspaper 🗆 Other	
Did you serve in the Armed Forces? \Box	yes 🗆 no If yes, what Branch?	
Prospective employees will receive origin, handicap or veteran status.	consideration without discrimination because or	f race, creed, color, sex, national

Education

Education	Name & Location	Course of Study	Years Completed	Degree
High School				
College				
Graduate, Technical, Business or Correspondence School				

Employment

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Start with most recent employer

Phone/Email
Supervisor's Name
Salary
May we contact your employer? \Box yes \Box no

Company Name	Phone/Email	
City, State		
Date of Employment		
Title and Responsibilities		
Reason for leaving	May we contact your employer? \Box yes \Box no	
Company Name	Phone/Email	
City, State	Supervisor's Name	
Date of Employment	Salary	
Title and Responsibilities		
Reason for Leaving	May we contact your employer? □ yes □ no	

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Company Name	Phone/Email	
City, State	Supervisor's Name	
Date of Employment	Salary	
Title and Responsibilities		
Reason for Leaving	May we contact your employer? \Box yes \Box no	
Company Name	Phone/Email	
City, State	Supervisor's Name	
Date of Employment	Salary	
Title and Responsibilities		
Reason for Leaving	May we contact your employer? \Box yes \Box no	

References

Please list 3 professional references that are not related to you.

Name	Business	City/State	Phone	Years Known
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Additional Information

Please include any other information you think would be helpful in considering you for employment with American Glass & Window, LLC.

Signature

The information I have provided in this Application of Employment, including the resume attached is true, correct, and complete. I understand that, if employed, any misstatement or omission of fact on this application (and accompanying attached resume, if any) may result in my dismissal. In consideration of my employment, I agree to conform to AMERICAN GLASS & WINDOW, LLC' rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the employer's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice, at any time by the employer.

I authorize persons, schools, my current employer (if applicable), and previous employers named in this application (and accompanying attached resumes, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date

AMERICAN GLASS & WINDOW, LLC

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