



Employment Application

Sowards Glass, Inc. is an equal opportunity employer. Applicants will be considered regardless of race, color, national origin, religion, gender, age, marital, or veteran status; medical condition, disability; or any other legally protected status. Equal access to the hiring process, services, and employment is available to all individuals. Applications requiring accommodations to the application and/or interview process should contact the Human Resources Representative.

Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Date: _____

Name: _____
Last First Middle

Address: _____
Address Apt. # City State Zip

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Position(s) applying for: _____

Are you over the age of 18? YES ___ NO ___

Are you eligible to work in the United States? YES ___ NO ___

Are you fluent in a foreign language? YES ___ NO ___ List: _____

Are you currently employed? YES ___ NO ___

Date available to work: _____

Are you available to work Full-time ___ Part-time ___ Shift work ___ Temporary ___

Have you applied here before? YES ___ NO ___

Education

School Level	Name & Location of School	Years Attended	Did you graduate?	Degree or Certification
GED/High School				
Trade School				
College				
Graduate				

Work History

List your four most recent employers, please list most recent first.

Employer: _____ Phone Number: _____

Address: _____
Address
Apt. #
City
State
Zip

Position: _____ Dates employed: From _____ To: _____

Wage: Start: _____ Final: _____

Supervisor: _____ May we contact? YES ____ NO ____

Job duties performed: _____

Reason for leaving: _____

Employer: _____ Phone Number: _____

Address: _____
Address
Apt. #
City
State
Zip

Position: _____ Dates Employed: From _____ To: _____

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Supervisor: _____ May we contact? YES ___ NO ___

Job duties performed: _____

Reason for leaving: _____

References

List three references (business or work) which are not relatives that you have known for at least one year.
List at least one previous supervisor.

Name: _____ Company: _____

Phone number: _____ Years acquainted and relationship: _____

Name: _____ Company: _____

Phone number: _____ Years acquainted and relationship: _____

Name: _____ Company: _____

Phone number: _____ Years acquainted and relationship: _____

Military Service Record

Branch of Service: _____

Discharge date and rank: _____

Additional Information

List job-related accomplishments, projects, and awards. (Exclude information that would reveal race, color, national origin, religion, gender, age, marital, or veteran status; medical condition, disability; or any other legally protected status.)

List additional information you would like us to consider **including applicable skillsets and training** (for example; carpentry skills, trained in CPR, etc.).

Authorization

I understand that Sowards Glass, Inc. is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize Sowards Glass, Inc. to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted individuals, including former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Sowards Glass, Inc. I acknowledge that a fax, scan and/or photocopy of this form is as valid as the original.

I understand that offers of employment are contingent upon finalizing pre-employment actions which may include: drug test and/or physical examination, or other items may be required. Sowards Glass, Inc. may withdraw an offer of employment any time for any reason prior to the original agreed upon start date, or after should results come back later.

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard back from Sowards Glass, Inc. and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired, my employment at Sowards Glass, Inc. is “at-will” and may be terminated by myself or Sowards Glass, Inc. at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of Sowards Glass, Inc. has the authority to make any assurance to the contrary.

Signature: _____ Date: _____

Waiver and Release

I hereby authorize your agency to furnish Sowards Glass, Inc. or their appointees, any information that you have concerning my work record, driving record, education record, reputation, character, medical record, military services record, financial record, criminal record, or any other information they might request. Information of a confidential or privileged nature may be included. I further authorize copies of those records to be made and given to the above-named firm if requested.

I am aware that the information provided to Sowards Glass, Inc. or their appointees will be used in the background investigation of me. I hereby release your agency and others, including Sowards Glass, Inc., or their appointees, from any liability or damage, which may result from the information released.

I also acknowledge that Sowards Glass, Inc., or their appointees, may contact consumer reporting agencies any other person or agency, which may have information about me. I authorize any person to provide any information, any consumer report or any investigation report regarding information about me, Sowards Glass Inc., or their appointees may also obtain copies of this information.

Date: _____

Name: _____
Last First Middle

Maiden, or other names used: _____

Current Address: _____
Address Apt. # City State Zip

Previous Address: _____
Address Apt. # City State Zip

Driver's License Number: _____ State Issued: _____

Expiration Date: _____ Date of Birth: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Other counties or states resided in the past 10 years: _____

Signature: _____

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.