



# APPLICATION FOR EMPLOYMENT

Please print – All questions must be answered

An Equal Opportunity Employer

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip)

How long at this address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMPLOYMENT INTEREST

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Salary range desired: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Type of position:  Full time  Part time  Other : \_\_\_\_\_

Are you available to work the following: Overtime:  Yes  No Evenings:  Yes  No  
Weekends:  Yes  No Holidays:  Yes  No

## GENERAL INFORMATION

1. Are you a U.S. citizen or an alien legally authorized to work in the U. S.?  Yes  No  
Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

2. Are you at least 18 years of age?  Yes  No If not, birth date: \_\_\_\_\_  
Note: We are required to obtain a work permit from all employees under age 18 before they begin work. Generally, work permits are issued at the school the minor is attending. If you are under 18 and do not currently have a work permit, please contact your school.

3. Referral source: \_\_\_\_\_

4. Have you applied to this company before?  Yes  No If yes, when? \_\_\_\_\_

5. Have you been employed by this company before?  Yes  No If yes, when? \_\_\_\_\_

6. Do you have any relatives employed by this company?  Yes  No If yes, please list names, relationships and positions.  
\_\_\_\_\_

7. Have you ever been discharged or suspended by an employer?  Yes (If yes, please describe)  No  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been convicted of an offense (Felony or Misdemeanor) under any state's Code of Criminal Justice or similar laws of this or any other jurisdiction?\*  Yes (If yes, please describe)  No  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your most recent employment, list employment for the past 7 years including self employment, summer, part-time, and part or full-time military service. You may include any work performed on a volunteer basis.

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor Name and Title	
City, State, Zip	Supervisor Telephone		May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work performed	Reason for leaving (or planning to leave)			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor Name and Title	
City, State, Zip	Supervisor Telephone		May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work performed	Reason for leaving (or planning to leave)			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor Name and Title	
City, State, Zip	Supervisor Telephone		May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work performed	Reason for leaving (or planning to leave)			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor Name and Title	
City, State, Zip	Supervisor Telephone		May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work performed	Reason for leaving (or planning to leave)			

**EDUCATION**

Please check the last year of formal education completed:

9    10    11    12                       13    14    15    16                       17    18    18+

If you did not complete high school, do you have a high school equivalency diploma (GED)?  Yes    No

	Name and Location of Institution	Type of Degree or Diploma	Major course of study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Training or Skills (Special skills, special courses, computers, typing, special licenses, permit or certificates)**


**List any machines or equipment that you are qualified and experienced at operating which are relevant to this position for which you have applied**


**REFERENCES**

**List three Supervisory references you have known over three years who are not related to you.**

Name	Company/Occupation	Years Known	Telephone Number

We are an equal opportunity employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such laws.

Applicant Acknowledgment and Authorization:

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Hope's Windows that such employment is at will, for no specified duration and may be terminated by either Hope's Windows or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements or Hope's Windows Corp. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Hope's Windows except the CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO.

In consideration for employment with Hope's Windows, if employed, I agree to conform to the rules, regulations, policies and procedures at all time and understand that such obedience is a condition of employment. I understand that due to the nature of Hope's Windows business, attendance and punctuality are considered essential requirements of every job at Hope's Windows and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Hope's Windows, I am required to submit to drug screening, a background check, and a pre-employment physical as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize and all schools, former employers, references, courts and any others who have information about me to provide such information to Hope's Windows and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

**By signing below I acknowledge that I have read, understood and agree to the above statements, I acknowledge that all the statements on this application are true. Falsification on an employment application is grounds for immediate termination.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (please print)