

THERMAL WINDOWS, INC.

Application for Employment

**A drug screen is mandatory as a condition of employment.
Do not complete this application if you use non-prescribed controlled substances.**

Name	Daytime Telephone ()		
Street Address	City, State, Zip		
S/S #	Driver's License #	State	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the U.S. or legally allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
How many days of work/school have you missed or been late in the last 2 years? Days Missed ____ Days Late ____			
What type of work are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary If other than full-time, please explain.			
Have you ever applied to or worked for Thermal Windows, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.			
State the names of friends and relatives working for Thermal Windows, Inc.			
Are you now or will you be working in another job or attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.			
How did you come to apply at Thermal Windows, Inc.?			
Please list any days or hours you would be unable or unwilling to work.			
Position Desired	Date Available	Pay Expected	
Please list any special skills you have.			
Graduated	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Trade/Business School	Degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Military service history, if any, including National Guard or Reserves.			

AFFIDAVIT

I certify that my answers to the questions on this form are true and correct without any omissions of consequence. I understand that if I am hired, any false or misleading statements made on this form or during any interview will be grounds for my immediate discharge.

I consent freely and voluntarily to Thermal Windows, Inc's request for a urine specimen. I hereby release the company, the lab, their employees, agents and contractors from any liability arising from a request to furnish a urine sample now or in the future, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the result of the analysis.

I hereby authorize Thermal Windows, Inc. to contact any company or person to investigate my employment history, character and qualifications, and give my full and complete consent to their revealing any and all information they wish as a result of this investigation. Further, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their actions.

I agree that if I am employed I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment, and refusal to take such tests will be grounds for my immediate discharge.

I further understand that no one in the company is authorized to enter into any employment contracts with me for any definite period of time. I also understand that my employment is "at will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature

Date

Thermal Windows, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, or any disability as provided in the Americans With Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Employment History

Provide a complete and accurate employment history. Start with your current or most recent employer.

1	Company	Phone ()
	Address	Employed from to Hourly Pay: Starting Ending
	Job Title & Description	Name of Your Supervisor
Reason for leaving		

2	Company	Phone ()
	Address	Employed from to Hourly Pay: Starting Ending
	Job Title & Description	Name of Your Supervisor
Reason for leaving		

3	Company	Phone ()
	Address	Employed from to Hourly Pay: Starting Ending
	Job Title & Description	Name of Your Supervisor
Reason for leaving		

4	Company	Phone ()
	Address	Employed from to Hourly Pay: Starting Ending
	Job Title & Description	Name of Your Supervisor
Reason for leaving		

5	Company	Phone ()
	Address	Employed from to Hourly Pay: Starting Ending
	Job Title & Description	Name of Your Supervisor
Reason for leaving		

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact employer # ____ Reason _____