

APPLICATION FOR EMPLOYMENT

Astraglass Innovations, Inc. is an equal opportunity employer. Astraglass Innovations does not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name	me Date		
Address			
		Phone #	
Are you eligible to work in the	U.S?Yes	No	
Are you at least 18 years or ol YesNo	der? (If no, you ma	y be required to provide authorization to work.)	
Have you ever been terminate	d from employmen	t or asked to resign by an employer?Yes	
If yes, please provide compan	y names and detai	ls	
Can you work any shift?Y	esNo If no, ex	<pre>kplain:</pre>	
Can you work overtime, includ	ing weekends?	_YesNo	
Are you able to perform the es without a reasonable accomm		the job for which you are applying, with orNo	
EMPLOYMENT DESIRED			
Date you can start	Hourly ra	ate/Salary desired	
Position desired			
Are you currently employed? _	If so, may we	inquire of your present employer?	
REFERRAL SOURCE			
How did you hear about us?	Walk In Advertis	ement Referral Other	



Have you ever worked for this company before?

___Yes ___No Explain_

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	То	Employer Name Telephone		
Job Title		Address		
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason for lea	aving			
From	То	Employer	Telephone	
Job Title		Address		
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason for lea	aving			
From	То	Employer	Telephone	



Job Title		Address		
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason fo	or leaving			
From	То	Employer Name	Telephone	
Job Title	ob Title Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason fo	or leaving	•		

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Astraglass Innovations to hire me. If I am hired, I understand that either Astraglass Innovations, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Astraglass Innovations, Inc. has the authority to make any assurance to the contrary.



I attest with my signature below that I have given to Astraglass Innovations, Inc. true and complete information on this application. No requested information has been concealed. I authorize Astraglass Innovations, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE ABOVE.