

**Saxon Glass Technologies Inc. Employment Application Form**

***Applicants May Be Tested For Illegal Drugs***

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

**Current Address**

Last Name: \_\_\_\_\_

Street Name and Number: \_\_\_\_\_

Middle Name: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

If Under 18, please list age: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

How long do you want this application to stay on file? \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

When can you start: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Days/hours available to work:

Shift preference:

<b>Sun</b>		<b>Thur</b>	
<b>Mon</b>		<b>Fri</b>	
<b>Tues</b>		<b>Sat</b>	
<b>Wed</b>		<b>No Pref</b>	

First Shift: \_\_\_\_\_

Second Shift: \_\_\_\_\_

(7:00 AM - 3:30PM)

(2:00 PM - 10:00PM)

**Criminal Record**

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, please state the number of convictions: \_\_\_\_\_

nature of offense(s): \_\_\_\_\_

date of conviction(s): \_\_\_\_\_

sentence(s)/rehabilitation(s) imposed: \_\_\_\_\_

**Tranportation**

Do you have a driver's liscense: \_\_\_\_\_

State of Issue: \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Driver's Liscense Number: \_\_\_\_\_

Number of traffic accidents in the past 18 months: \_\_\_\_\_

Number of moving violations in the past 18 months: \_\_\_\_\_

**Other**

Have you ever been in the armed forces? \_\_\_\_\_

Date Entered: \_\_\_\_\_

Are you now a member of the national guard? \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Did you complete this application yourself? \_\_\_\_\_

If not who did? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

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**References**

Please list two references other than relatives or previous employers

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Street Address: _____	StreetAddress: _____
City, State, and Zip: _____	City, State, and Zip: _____
Phone Number: _____	Phone Number: _____

**Education**

Type of School	Name of School	City & State	# of Yrs	Major and/or Degree
High School				
College				
Bus. or Trade School				
Professional School				

Certifications: \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.  
 If you were self employed, give firm name. **Attach additional sheets if necessary.**

**Work Experience #1**

Employer Name: _____	Job title: _____
Street Name and Number: _____	Pay Rate: _____
City, State, and Zip: _____	Employment dates: _____
Phone Number: _____	Supervisor: _____

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Work Experience #2**

Employer Name: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Street Name and Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Employment dates: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience #3**

Employer Name: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Street Name and Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Employment dates: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience #4**

Employer Name: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Street Name and Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Employment dates: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Saxon Glass Technologies Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Saxon Glass Technologies Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Saxon Glass Technologies Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of six (6) weeks, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.