



WEST VIRGINIA GLASS CO., INC. EMPLOYMENT APPLICATION

DATE OF REVIEW _____

Date of Application: _____

Position Applied for: _____

How were you referred to us: _____

Full Name: _____
(Last) (First) (Middle)

Address: _____

Phone: () _____ Mobile/Other: _____

Date Available to Start: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? yes no

If no, please explain: _____

Have you ever worked for this company? yes no If yes, when? _____

Are you a citizen of the United States? yes no

If not, are you legally allowed to work in the United States? yes no

Type of employment desired: Full-time Part-time Temporary Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime? yes no

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

EDUCATION

High School: Check the number of years completed for each of the following:
1 2 3 4 Did you obtain one of the following: Graduated G.E.D.

Undergraduate School: 1 2 3 4 Course of Study: _____

Graduate College: 1 2 3 4 Course of Study: _____

Describe courses of major concentration: _____

EMPLOYMENT

Previous Employer

Company: _____ Address: _____
Supervisor: _____ Nature of Business: _____
Dates of Employment: _____ Position(s) Held: _____
Beginning Salary: _____ Ending Salary: _____
Phone Number: _____ Reason for Leaving: _____
May we contact this employer: yes no

Describe your primary duties: _____

Previous Employer

Company: _____ Address: _____
Supervisor: _____ Nature of Business: _____
Dates of Employment: _____ Position(s) Held: _____
Beginning Salary: _____ Ending Salary: _____
Phone Number: _____ Reason for Leaving: _____
May we contact this employer: yes no

Describe your primary duties: _____

EMPLOYMENT HISTORY CONTINUED

Previous Employer

Company: _____ Address: _____
Supervisor: _____ Nature of Business: _____
Dates of Employment: _____ Position(s) Held: _____
Beginning Salary: _____ Ending Salary: _____
Phone Number: _____ Reason for Leaving: _____
May we contact this employer: yes no

Describe your primary duties: _____

REFERENCES

Name: _____ How do you know this person: _____
Address: _____ Phone: _____
Name: _____ How do you know this person: _____
Address: _____ Phone: _____

All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Signature of Applicant: _____ Date: _____