

AN EQUAL OPPORTUNITY EMPLOYER

Please fully and accurately complete each question. Incomplete applications may not be considered.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

PERSONAL			
LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS		CITY / STATE / ZIP CODE	
DAYTIME PHONE	EVENING PHONE	OTHER PHONE	EMAIL ADDRESS
DESIRED POSITION		DESIRED SALARY	DATE AVAILABLE

ARE YOU ABLE TO PERFORM ALL OF THE JOB DUTIES AS DESCRIBED WITH OR WITHOUT REASONABLE ACCOMMODATION? YES  NO

IF NO, PLEASE DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES  NO

ARE YOU SUBJECT TO A NON-COMPETE OR OTHER AGREEMENT WITH YOUR CURRENT EMPLOYER THAT MAY RESTRICT YOUR ABILITY TO PERFORM WORK FOR NGI-GLASS? (IF YES, PLEASE PROVIDE A COPY OF THE AGREEMENT) YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES)? (A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION.) YES  NO

IF YES, PLEASE DESCRIBE IN FULL (FALSIFICATION WILL BE GROUNDS FOR DISMISSAL):

HOW DID YOU LEARN ABOUT NGI-GLASS AND/OR THE OPEN POSITION?

DO YOU HAVE ANY FRIENDS, RELATIVES, OR ACQUAINTANCES WORKING FOR THE COMPANY? YES  NO   
 IF YES, STATE NAME & RELATIONSHIP: \_\_\_\_\_

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING? YES  NO

DO YOU HAVE A VALID DRIVERS LICENSE?  YES  NO DL# \_\_\_\_\_ STATE \_\_\_\_\_

EDUCATION	
SCHOOL	LOCATION
COURSE OF STUDY	DIPLOMA / DEGREE
SCHOOL	LOCATION
COURSE OF STUDY	DEGREE
SCHOOL	LOCATION
COURSE OF STUDY	DEGREE

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### EMPLOYMENT HISTORY

GIVE ACCURATE AND COMPLETE EMPLOYMENT HISTORY, INCLUDING FULL- AND PART-TIME JOBS. PLEASE START WITH CURRENT OR MOST RECENT EMPLOYER.

<b>COMPANY</b>		FROM (MM/YY)	TO (MM/YY)
STREET ADDRESS		CITY / STATE / ZIP CODE	START SALARY
DEPARTMENT		TITLE	SUPERVISOR

DUTIES

REASON FOR LEAVING

**MAY WE CONTACT THIS EMPLOYER?**

YES  NO

<b>COMPANY</b>		FROM (MM/YY)	TO (MM/YY)
STREET ADDRESS		CITY / STATE / ZIP CODE	START SALARY
DEPARTMENT		TITLE	SUPERVISOR

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STREET ADDRESS		CITY / STATE / ZIP CODE	START SALARY
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DUTIES

REASON FOR LEAVING

**MAY WE CONTACT THIS EMPLOYER?**

YES  NO

### APPLICANT'S CERTIFICATION AND AGREEMENT

APPLICANT AGREEMENT (Read carefully before signing) All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize any former employer, persons, school, firm or corporation listed hereon, including this company, to answer any and all questions related to employment and agree to release from liability and hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that no one other than the company president has authority to enter into any employment agreement to the contrary. I agree to take a job related physical examination or a drug/alcohol test when requested as a condition of employment. I agree to comply with all rules of the company as a condition of employment. In the event the company advances me money or other things of value, I agree to repay the company and also that any amount still owing may be deducted from my final paycheck.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT