



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

EQUAL OPPORTUNITY EMPLOYER

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE NO.:	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED? YES ___ NO ___	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES ___ NO ___	
HAVE YOU EVER WORKED FOR WINCORE BEFORE? YES ___ NO ___	WHEN?	REASON FOR LEAVING?
WHICH JOB STATUS ARE YOU SEEKING? FULL-TIME PART-TIME _____	WHICH SHIFT WOULD YOU ACCEPT? DAY _____ NIGHT _____	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			
SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/SKILLS			

GENERAL INFORMATION

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES ACCORDING TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986?	YES ___ NO ___
ARE YOU A VETERAN WHO RECEIVED AN HONORABLE DISCHARGE AND SERVED MORE THAN 180 CONSECUTIVE DAYS OF FULL-TIME ACTIVE DUTY IN ANY OF THE UNITED STATES ARMED FORCES?	YES ___ NO ___
HAVE YOU EVER BEEN CONVICTED FOR ANY VIOLATIONS OF LAW, INCLUDING MOVING TRAFFIC VIOLATIONS?	YES ___ NO ___
DESCRIPTION OF THE OFFENSE:	
DATE OF CHARGE:	DATE OF CONVICTION:
CITY, COUNTY, STATE OF CONVICTION:	

FORMER EMPLOYERS

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

I certify that all information provided in this application are true and complete to the best of my knowledge. I understand that any falsified information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of all statements contained herein. I also authorize, whether listed or not, any person, school, current or past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I also understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the president of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the president and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

SIGNATURE _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW/SCREENING REMARKS

INTERVIEWED BY _____ **DATE** _____

APPROVED: 1. _____ **2.** _____ **3.** _____
DEPARTMENT SUPERVISOR DEPARTMENT MANAGER HR MANAGER

WINCORE WINDOW COMPANY, LLC