



JOB APPLICATION

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of O&P Glass.

Position(s) applied for: _____ Date of application: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Email: _____

Referral Source (How did you hear about us?) _____

Are you under 18? Yes No

Have you ever been employed here before? If yes, give dates and positions: _____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ What is your desired salary range? _____

Driver's license number if driving may be required in position for which you are applying _____ State: _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

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

If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer:	Telephone #:
Street Address:	City: State:
Starting job title/final job title:	
Dates Employed:	to
Compensation (Starting):	Commission/Bonus/Other Compensation: \$
Compensation (Final):	Commission/Bonus/Other Compensation: \$
Immediate supervisor and title (for most recent position held):	
Why did you leave?	
May we contact for reference? (Answer yes, no, or later):	
Summarize the type of work performed and job responsibilities:	
What did you like the most about your position?	
What were the things you liked least about the position?	

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Street Address:	City: State:
Starting job title/final job title:	

AN EQUAL OPPORTUNITY EMPLOYER

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Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed (check one)	GPA (if known)	Major/Minor
		Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certificate <input type="checkbox"/>		
		Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certificate <input type="checkbox"/>		
		Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certificate <input type="checkbox"/>		

References

List name and telephone number of three business/work, school, or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	# of Years Known