



DULLES GLASS & MIRROR
VISION. INNOVATION. TEAM WORK. QUALITY

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN OR VETERAN STATUS; THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about this position? _____

Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____

Home Phone: _____ **Office Phone:** _____ **Cell Phone:** _____

Email Address: _____ **Social Security Number:** _____

On what date would you be available for work? _____

Desired Wage/Salary: \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes or No

Have you been convicted of a felony? Yes or No **If yes, please describe circumstances:**

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes or No

If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes or No

EDUCATION:

<i>School Name:</i>	<i>Location:</i>	<i>Years Attended:</i>	<i>Degree Received:</i>	<i>Major:</i>



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Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT:

(Most Recent First)

1. Employer: _____ Job Title: _____
Dates Employed _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____

2. Employer: _____ Job Title: _____
Dates Employed _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____

3. Employer: _____ Job Title: _____
Dates Employed _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____

4. Employer: _____ Job Title: _____
Dates Employed _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____



ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date