

APPLICATION FOR EMPLOYMENT

Date: _____

This application form is intended for use in evaluating your qualifications for employment. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants receive consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, marital status, sexual preference, national origin, ancestry, and arrest or conviction record as prohibited by law or regulation. Window Solutions, INC. (the Company) is an EQUAL OPPORTUNITY EMPLOYER.

Name: _____

Address: _____
Street
City
State
Zip Code

Phone: _____ Email: _____

Position applied for: _____ Pay Rate Desired? _____

Available to work: Full Time Part Time Weekdays Weekends Seasonal

Have you applied for employment or been employed with the Company before? Yes No

If yes – When? _____

How did you hear about this position? _____

Over 18 years of age? Yes No Legally authorized to work in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying, with a reasonable accommodation? Yes No

If NO- Please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain - Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court entered more than two years prior to the date of this employment application. Conviction will not necessarily be a bar to employment.

EDUCATION

	Name	City/State	Graduated	Degree Type
High School			Year	
College Other			Year	

PROFESSIONAL REFERENCES

Include only individuals familiar with your work ability.

Name	Email Address or Phone Number	Years Known/ Relationship

PREVIOUS EMPLOYERS - Please list employers starting with your most recent

Are you currently employed? Yes No May we contact your present employer? Yes No

Contact and Phone Number: _____

_____		_____	_____
COMPANY NAME		CITY	STATE
From _____ To _____		\$ _____ PER _____	
DATES EMPLOYED	JOB TITLE	SALARY	
_____		_____	
SUPERVISOR NAME AND TITLE		REASON FOR LEAVING	

Contact and Phone Number: _____

_____		_____	_____
COMPANY NAME		CITY	STATE
From _____ To _____		\$ _____ PER _____	
DATES EMPLOYED	JOB TITLE	SALARY	
_____		_____	
SUPERVISOR NAME AND TITLE		REASON FOR LEAVING	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Company to verify their accuracy and to obtain reference information on my work performance. I hereby release the Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

Window Solutions, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their gender and race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. Responses will remain confidential within the Human Resources Department and separate from your application for employment; and will be used only for the necessary information to include in the required reporting for the government.

Name: _____

Position Applied for: _____

Gender Identification (check one): _____ Female _____ Male

Race/Ethnic Identification - Please mark the one box that describes the race/ethnicity category with which you primarily identify:

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino).** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

_____ **Decline self-identification.**

Signature of Applicant

Date

Voluntary Self Identification Form Veteran

APPLICANT VETS Self-ID:

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
- I IDENTIFY AS A VETERAN, JUST NOT A PROTECTED VETERAN
- I AM NOT A VETERAN
- I DO NOT WISH TO SELF-IDENTIFY

Voluntary Self Identification Form Disability

Voluntary Self-Identification of Disability

Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice:

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in alternate format, using a sign language interpreter, or using specialized equipment.