



American Glass

APPLICATION FOR EMPLOYMENT

2801 N. LeCompte
 Springfield, Missouri 65706
 Phone: 417-866-8361
 Fax: 417-866-8554
 sales@americanglassinc.com

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City				State				ZIP			
Phone				E-mail Address							
Date Available			Social Security No.			Desired Salary					
Position Applied for						Referred by					
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
Are you currently employed?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, may we contact them?					
EDUCATION											
High School			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
REFERENCES											
<i>Please list three professional references.</i>											
Full Name			Relationship								
Company			Phone								
Address											
Full Name			Relationship								
Company			Phone								
Address											
Full Name			Relationship								
Company			Phone								
Address											

PREVIOUS EMPLOYMENT

Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature					Date		
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