

**ANDERSON GLASS CO, INC.**  
**807 CAMPBELL AVENUE**  
**WEST HAVEN, CT 06516**

**AN EQUAL OPPORTUNITY EMPLOYER**  
It is the policy of ANDERSON GLASS CO, INC. to provide employment  
without regard to  
race, color, religion, sex, national origin, age, handicap, or veteran status.

**APPLICATION FOR EMPLOYMENT**

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

---

Personal Data

---

First Name	Middle	Last	SS #
------------	--------	------	------

( )

---

Present Address	City	State	Zip	Phone
-----------------	------	-------	-----	-------

---

Permanent Address (if different)	City	State	Zip	( ) Phone
----------------------------------	------	-------	-----	-----------

---

Legally authorized to work In the United States?	Visa Type (if applicable)	Visa # and expiration date
---	---------------------------	----------------------------

Do you have a valid drivers license?     Yes     No

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you ever been convicted of or sentenced for any violation of the law?     Yes     No  
If yes, give full particulars. (The existences of a criminal record DOES NOT constitute an automatic bar to employment)

---

---

---

---

---

---

## Position Information

---

Desired position applied for:

Referral Source:

---

Advertisement (specify)

Ad #

---

Placement firm (firm name)

---

School placement office (school name)

---

Other

Are you willing to work over 50 hours, including nights and weekends:       Yes       No

---

How soon following notification can you report?

Are you willing to relocate:       Yes       No

Have you ever been employed by this company before?       Yes       No

---

When?

Where?

Position?

Are any relative, including in-laws, employed at the company?       Yes       No

---

If yes, give name, relationship, position and location.

---

Have you ever previously applied for employment at the company?       Yes       No

---

When?                      (Month)    (Year)

Have you ever previously been interviewed by the company?       Yes       No

---

When?                      (Month)    (Year)    Position

## Education

---

Last high school attended:	City	State	Zip
/	TO	/	

---

Attended from:

Did you graduate?  Yes  No

---

College or University	City	State	Zip
/	TO	/	

---

Attended from:

Did you graduate?  Yes  No

---

Major (course of study)	Degree received
-------------------------	-----------------

---

College or University	City	State	Zip
/	TO	/	

---

Attended from:

Did you graduate?  Yes  No

---

Major (course of study)	Degree received
-------------------------	-----------------

---

Other (Technical, Vocation, Graduate, etc.)	City	State	Zip
/	TO	/	

---

Attended from:

Did you graduate:  Yes  No

---

Major (course of study)	Degree received
-------------------------	-----------------

---

List any scholarships, academic honors, awards, or special achievements:

In what languages other than English can you converse?

---

Fluent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------	--

---

Fluent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------	--

### Employment History

IMPORTANT! Starting with your present or most recent employer, list in consecutive order ALL employment and periods of unemployment since you graduated from or last attended high school. Additional employment may be listed on a separate page(s) if necessary.

#### Present or Most Recent Employer

---

Full name of company	Telephone	/	/	Employed from/to
----------------------	-----------	---	---	------------------

---

Street address	City	State	Zip
----------------	------	-------	-----

---

Name & Title of Supervisor

---

Position	Department
----------	------------

---

Duties

---

Salary / hourly	Start	End
-----------------	-------	-----

---

Reason for Leaving

#### Previous Employer

---

Full name of company	Telephone	/	/	Employed from/to
----------------------	-----------	---	---	------------------

---

Street address	City	State	Zip
----------------	------	-------	-----

---

Name & Title of Supervisor

---

Position	Department
----------	------------

---

Duties

---

Salary / hourly	Start	End
-----------------	-------	-----

---

Reason for Leaving

Previous Employer

---

Full name of company	Telephone	/	/	Employed from/to
Street address	City	State	Zip	
Name & Title of Supervisor				
Position	Department			
Duties				
Salary / hourly	Start	End		
Reason for Leaving				

Previous Employer

---

Full name of company	Telephone	/	/	Employed from/to
Street address	City	State	Zip	
Name & Title of Supervisor				
Position	Department			
Duties				
Salary / hourly	Start	End		
Reason for Leaving				

### Previous Employer

---

Full name of company	Telephone	/	/	Employed from/to
Street address	City	State	Zip	
Name & Title of Supervisor				
Position	Department			
Duties				
Salary / hourly	Start	End		
Reason for Leaving				

### Other Employment

---

List Part-time employment, while in school, including company name(s) addresses, dates of employment.

---

---

Are there any periods of unemployment and/or part-time employment since your graduated or last attended high school which are not listed above or on a separate sheet?  Yes  No

---

If yes, please explain

---

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated?  Yes  No

---

If yes, please explain

---

## Skills

---

Typing speed (words per minute)

---

Shorthand (words per minute)

---

Word processing / office programs used

---

Indicate experience in years and months for each area:

Accounting: \_\_\_\_\_

Statistics: \_\_\_\_\_

Payroll: \_\_\_\_\_

Computer: \_\_\_\_\_

Bookkeeping: \_\_\_\_\_

Adding Machine: \_\_\_\_\_

List any other skills you think may be of value to the company, such as programming, etc...

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Military Service and Status

---

Branch of Service

---

Occupation

---

Date of entry into active duty (month / year)

---

Date of separation (month / year)

---

Reason for separation (honorable discharge, injury etc)

Current rank / rank at separation

**Please note:** Final processing prior to employment will require a review of the original or a copy of your military discharge and/or a review of your DD for 214

## Applicant's Certification and Agreement

**I hereby certify** that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

**I hereby affirm** that by execution of the application, I acknowledge that the Company had disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mod of living my be made; and that I upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

**I hereby authorize** the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation give as references above, to furnish at any time, any information which may be sought concerning me and my habits, character or skill, an any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

**I hereby affirm** that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

**I hereby authorize** the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

**I understand** that should I be give employment, such employment shall be for and indefinite period of time and may be terminate, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the ANDERSON GLASS CO, INC. of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

**I understand** that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify them as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance with be informed.

I with to volunteer the following information (check one)

I do qualify under the following:

- I do not qualify
- Handicapped
- Vietnam Era Veteran
- Disabled Veteran

---

Signature

Date

Thank you for completing this application. It will remain under consideration for six (6) months. It will not be necessary to reapply during this six (6) month period. Your interest in ANDERSON GLASS CO, INC. is appreciated.