

# Thad Ziegler Glass, Ltd.

"Since 1893"

## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, AGE, SEX, RELIGION, NATIONAL ORIGIN OR DISABILITY.\*

SHOULD YOU NEED ANY ASSISTANCE IN COMPLETING THIS APPLICATION FORM, PLEASE NOTIFY ANY MEMBER OF THAD ZIEGLER GLASS, LTD'S STAFF.

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Last

First

Middle

Present Address: \_\_\_\_\_

Street

City

State

Zip

Permanent Address: \_\_\_\_\_

Street

City

State

Zip

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Referred By: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_

Date You

Can Start: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary

Desired: \_\_\_\_\_

Are You

Employed Now? \_\_\_\_\_

If Yes, May We Inquire

of Your Present Employer? \_\_\_\_\_

If No,

Why Not? \_\_\_\_\_

Ever Applied To This Company Before? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's

License Number: \_\_\_\_\_

Operator's? \_\_\_\_\_

Commercial? \_\_\_\_\_

Commercial

Class? \_\_\_\_\_

### EDUCATION

Name and Location of School

Did you  
Graduate?

Subjects  
Studied?

Grammar School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade/Business or

Correspondence School: \_\_\_\_\_

# FORMER EMPLOYERS

(List below your last four employers starting with the last one first)

Date Month/Year	Name, Phone Number & Address of Employer	Supervisor	Salary	Position	Reason for Leaving
From: ____ / ____	_____				
To: ____ / ____	_____				
From: ____ / ____	_____				
To: ____ / ____	_____				
From: ____ / ____	_____				
To: ____ / ____	_____				
From: ____ / ____	_____				
To: ____ / ____	_____				

Were you ever asked to resign from a job?  Yes  No. If Yes, explain: \_\_\_\_\_

May we contact the above named employers?  Yes  No. If not, why? \_\_\_\_\_

Would any of these employers give you less than an outstanding reference?  Yes  No.

If Yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony offense?  Yes  No. If yes, explain: \_\_\_\_\_

(Note: conviction will not automatically disqualify applicant)

Can you supply data to complete Form I-9 establishing your eligibility to work?  Yes  No.

(Attach completed I-9 Form and copies of documents used for verification)

In Case Of

Emergency Notify: \_\_\_\_\_

Name	Address	Phone
------	---------	-------

I hereby certify that the foregoing statements are true and correct and that I understand that any false statement or omission of information may be considered as sufficient cause for rejection of this application or for dismissal from employment if such false statement or omission of information is discovered subsequent to my employment. I hereby authorize the Company to conduct an investigative consumer report on me as defined in Public law 91-508. I authorize the Company to conduct physical exams during the employment process and relationship as allowed by the Americans with Disabilities Act of 1990. I acknowledge that any information obtained during these exams will be dealt with as provided by the ADA. I authorize the Company to request from each of my former employers and/or person, firm or corporation identified in this application as any employer or reference to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character, or skill that may be sought in connection with this application. I expressly release these person from any and all liability in furnishing responses to these inquires. I understand and agree that if employed, my employment is for no definite period and that I may be terminated at any time without any prior notice regardless of the date of payment of my wages or salary. If this application is considered favorably, I agree to abide by and comply with all rules and regulations of the Company as they currently exist and/or as they are modified from time to time during my employment relations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



**Employment Applicant Disclosure and Release Form**

As part of the application process for Employment hiring purposes from THAD ZIEGLER GLASS, LTD I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current addresses and/or employment, database search, criminal history records from state or national, moving violations report, federal and other agencies, bankruptcy records, and credit history. I understand that these records may be used for the eligibility of my employment application. I authorize without reservation the full release of these records for SARMA and/or its agents to obtain information.

I also release and discharge SARMA, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, on behalf of this application for employment and if hired throughout the duration of my employment. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for termination of my employment.

SARMA will upon request, supply a copy of the credit report and my rights under the Fair Credit Reporting Act. SARMA can be reached at 1-800-955-5238.

**Credit/Criminal/MVR/Verification Release Authorization**

I hereby authorize SARMA to obtain a credit/criminal report in connection with my application at THAD ZIEGLER GLASS, LTD. I understand that my credit report and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information.

I, \_\_\_\_\_ hereby authorize, without any reservation, any bureau contacted by SARMA to obtain the above credit information.

PLEASE PRINT:

\_\_\_\_\_  
Applicant (Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
Applicant (Maiden Name/Former Name)

\_\_\_\_\_  
Current Address, City and Zip Code

\_\_\_\_\_  
Former Address, City and Zip Code

\_\_\_\_\_  
SSN (Applicant)

\_\_\_\_\_  
Date of Birth (Applicant)

\_\_\_\_\_  
Driver License Number (Applicant)

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
(Date)

THAD ZIEGLER GLASS, LTD.  
CONSENT TO PRE-EMPLOYMENT SUBSTANCE SCREENING

I hereby give my voluntary consent for Thad Ziegler Glass, Ltd. and/or its designated medical facility to collect a urine specimen from me for testing of drugs and controlled substances. I understand that if I am taking or have recently taken any prescription or over-the-counter drugs or medication, I should to the best of my knowledge list those drugs and/or medications in the space provided below. I understand that any positive result may preclude my employment. I hereby authorize the laboratory or facility conducting this test to disclose the results of the test to Thad Ziegler Glass, Ltd., and I further agree that such test results shall be admissible into evidence at any proceeding in which a denial of my employment for alleged use of alcohol, drugs, or controlled substances is placed in issue.

1. Medication(s) I Am Taking or Have Recently Taken: \_\_\_\_\_  
\_\_\_\_\_

2. Date(s) of Prescription: \_\_\_\_\_

3. Name of Doctor(s) Prescribing: \_\_\_\_\_

4. When I Last Took the Drug(s): \_\_\_\_\_  
\_\_\_\_\_

5. Physical Condition Requiring Drug Usage: \_\_\_\_\_  
\_\_\_\_\_

6. Any Other Reasons Test May Indicate Drug or Alcohol Usage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Name (PLEASE PRINT)

\_\_\_\_\_  
Social Security Number