



## Application for Employment

Interglass Corp is committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered.

Position Applying For:	Full Name :		
Street Address:		City, State & Zip:	
Relative Contact Name:	Home Phone:	Mobile Phone:	Email:
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, are you a US Citizen, Resident, or other?	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is your current job title & department?	

**Please attach a copy of your current driver's license.**

### EDUCATION

Name of School	City/State	Did you graduate?	If Yes, year of Graduation	Degree received
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other licenses/ professional studies, etc., which are relevant to the position for which you are applying.				

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position.




**WORK EXPERIENCE:** Please detail your entire work history. Begin with your current or most recent employer. Omission of prior employment may disqualify for employment. Please explain any gaps in employment.

**PLEASE NOTE:** Interglass Corp reserves the right to contact all current and former employers for reference information.

Dates Employed From:            To:	Organization Name and Phone #:	Reason for Leaving:
Starting Salary:	Position and Primary duties:	Supervisor's Name and Phone #:
Final Salary:		
Dates Employed From:            To:	Organization Name and Phone #:	Reason for Leaving:
Starting Salary:	Position and Primary duties:	Supervisor's Name and Phone #:
Final Salary:		

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

As a job applicant, I freely and voluntarily agree to a hair or urinalysis drug screen as part of my application for employment and I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result. If I am employed by this company, I understand and agree to abide by this company's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, as stated above.

I authorize Interglass Corp to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Interglass Corp serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

**NOTICE REGARDING BACKGROUND INVESTIGATION - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT**

In connection with your application for employment the Company may obtain information about you from GoodHire, LLC, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records (including criminal records), driving history information, consumer credit, employment and education verifications, etc. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the Company. I release all parties who have provided information from any and all liability for damages arising from the investigation and disclosure of the requested information. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_