

# KOONSE GLASS

## APPLICATION FOR EMPLOYMENT

It is the policy of Koonse Glass Company to provide equal employment opportunities to all qualified applicants without regard to race, color, sex, age, national origin, ancestry, disability, or veteran status.

Date \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Position applying for \_\_\_\_\_  
How did you hear of this opening? \_\_\_\_\_  
When can you begin? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? Yes \_\_\_ No \_\_\_

Are you looking for full time employment? Yes \_\_\_ No \_\_\_

If no, what hours are you available? \_\_\_\_\_

Education	School Name & Location	Year	Major	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your education and work history, are there areas of knowledge, skills, abilities, or experiences Koonse Glass Company should consider?

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**Employment History: (start with your most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Attach additional information if necessary.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am appointed, false statements on this application shall be considered a serious violation of Koonse Glass Company policy.

All former employers are authorized to provide job related information relating to my past performance to Koonse Glass Company. I release them from any liability for providing such information.

I understand Koonse Glass Company is an Employment-At-Will organization. I understand that Koonse Glass Company, or I can terminate this work relationship at any time, with or without notice, for any reason not prohibited by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_