## **DRUG TESTING POLICY**

ALL EMPLOYEES,	AS A PRE-CONDITION	OF EMPLOYMENT,	MUST PASS A
DRUG TEST			

IN THE EVENT A JOB OFFER IS MADE TO ME, I AGREE TO SUBMIT TO A DRUG TEST. A POSITIVE TEST REPORTING DRUGS IN MY SYSTEM WILL AUTOMATICALLY DISQUALIFY ME FOR EMPLOYMENT AT CITY GLASS COMPANY.

<b>SIGNATURE</b>	
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## APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR:				F
PERSONAL INFORMATION				
First Name	Middle Init	ial	Last Name	
Current Address:				
Street and Apt #	City	State	Zip Code	
Permanent Address (if different from a	bove):			
Street and Apt #	City	State	Zip Code	
Telephone:	E	-mail:		4
Social Security #:	D	river's License #:	State:	
I am a U.S. Citizen or otherwise autho			unrestricted basis:	
If applicable, please list your visa type				9
Have you ever been convicted of a feld If you answered yes, please explain:		″es □ No		
		*		
Have you ever served in the U.S. Milit If yes, please provide the following int Branch of Service:	ormation:	Yes	No ion:	di .
I served from to Special Honors:	**			

				0
Last Name:	First Name:	Carried the second representation	MI:	ស់ ទី៩ ៩ - គ
EMPLOYMENT HISTORY			80	
PRESENT OR MOST RECENT EMPLOYER		i i		
Employer:	Address:			
Your Position:	Salary:			
Duties:		<u> </u>		90 27
Dates of Employment:to		(0)	2.7/	u.
Supervisor:		May we co		
Name			No	
Reasons for Leaving:				=
	V	Helico III		
PRIOR EMPLOYER				
Employer:	Address:			
Your Position:	Salary:			
Duties:				
Dates of Employment:to		2 32 . c 4 w.z		
Supervisor:Name		May we co	ontact?	
		Title Yes		
Reasons for Leaving:				-
				-
PRIOR EMPLOYER				
Employer:				
Your Position:				
Outies:				
Dates of Employment:toto		IX.		
Supervisor:Name	•	Title May we c	ontact?	
			□™	
Reasons for Leaving:	<u> </u>	s:	F (1 4) 14	=
			0	_

Last Name:	First Name:		MI:
EDUCATION			
HIGH SCHOOL			
Name and Address			
Did you graduate? Tes No	Attended From _	10 700	*
If you did not graduate, did you receive your GED?	Yes No		
Special honors or awards:			
TECHNICAL OR VOCATIONAL SCHOOL			
Name and Address			
Did you graduate? ☐ Yes ☐ No	Attended From _	to	
Degree or Certification:		Specialty:	
Special honors or awards:			
W		4 (	
COLLEGE OR UNIVERSITY			
Name and Address			
Did you graduate?	Attended From_	to	
Degree:		Major:	1-1-1-1-1
Special honors or awards:			
COLLEGE OR UNIVERSITY			
Name and Address			
Did you graduate? ☐ Yes ☐ No	Attended From	to	
Degree:		Major:	
Special honors or awards:			

Last Name: First Name: MI:
POSITION INFORMATION
Position Specifications
Position Applying For:
How did you hear about this job?
What hours are you willing to work?
Would you be able to work weekends?   Yes   No
Are you willing to travel for the job?
When would you be able to start?
Desired salary: per
Skills
Please describe any skills you have in the following areas:
Computer:
Lauguagas Spoken (other than English)
Languages Spoken (other than English):
Other:
I hereby certify that my enguers and executions act foods in this and its discounting and executions and executions act foods in this and its discounting and executions and executions are foods in this enguise.
I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history, INCLUDING PERFORMING BACKGROUND AND CREDIT CHECK FOR EMPLOYMENT PURPOSES.
Furthermore I understand that if I am hired, employment with this company is "at will," which means the either the company or I can terminate my employment for any reason not prohibited by state or federal law
Signature: Date:

95 <b>E</b>	Background Author Personal Info			20 27 27		
Name:		SSN				
**Previous Names Used:		14 15				
Current Home Address:			100 E			
Street Address (No P.O. Boxes)	City	State	Zip Code	County		
How long have you lived at current address?						
Previous Address:	/		The state of the			
Street Address (No P.O. Boxes)	City	State	Zíp Code	County		
How Long?						
**Date of Birth:// Driv	ver's License Num'	ber:	Stat	:e:		
Have you ever been convicted of a crime other than minor traffic offenses? Y N  If yes, provide explanation:						
Year of Offense: County & State of O	ffense:					
Offense Description:						
** THIS INFORMATION IS REQUIRED NOT BE USED AS CRITERIA IN THE						

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative criminal consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history, workers compensation records and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606 to have the name of the agency or agencies from whom the information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above information.

I release BACKGROUND NETWORK, INC and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature:		Date:	· /	′ /	
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For residents of CA, MN and OK:

You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

By checking this box, I request a free copy of the report.

Fair Credit Reporting Act Notification:

You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

By checking this box, I request a free copy of the report.