

# Application for Employment

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

**Please print.**

<b>Applicant Name:</b> First	Middle	Last

Address	City	State	Zip

Telephone Number

Position(s) Applied For	Date of Application

Salary Expected
\$ Per: (Choose one) Hour Week Month

How did you learn about LTI Smart Glass (Laminated Technologies)?

- Advertisement—Specify:
  Employment Agency—Specify:
- Employee Referral—Which employee?
  Other—Specify:

Have you applied for a position with us before?  No

Yes—Specify date:

Have you ever been employed with us before?  No

Yes—Specify date and position:

Are you currently employed?  No  Yes

Are you currently on "lay-off" status and subject to recall?  No  Yes

On what date would you be available for work?

Are you available to work:  Full-time  Part-time  All shifts  Temporary

Can you travel for work if necessary?  Yes  No

Are you legally permitted to work in the United States?  Yes  No

*NOTE: Proof of eligibility will be required within three working days of employment.*

Are you 18 years of age or older?  Yes  No

Are you willing to take drug tests at the Company's request?  No  Yes

Have you ever gone by a name other than the one listed above?  No  Yes—Please list:

Will you work overtime if required?  No  Yes

## EDUCATION

**List the last 3 schools attended.**

Name of High School	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?  Yes  No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?  Yes  No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?  Yes  No

### MILITARY SERVICE

Have you ever served in the U.S. military?  Yes  No

*NOTE: If you answered "no" to the above question, please skip the rest of this section.*

In what branch was your military service?

What was the length of your military service? \_\_\_\_\_ years, \_\_\_\_\_ months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

### EMPLOYMENT HISTORY

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date

Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date

Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date

Why did you leave this job?

May we contact this employer?  Yes  No  Later

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

**PROFESSIONAL REFERENCES (2 Required)**

Name	Phone Number	Title

**PERSONAL REFERENCE (1 Required)**

Name	Phone Number	Years Known