

# 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

## ADDITIONAL INFORMATION

You may exclude information which would reveal gender, race, religion, national origin, age, disability, sexual orientation or other protected status.

Awards or Honors Received:

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Professional or Civic Activities:

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Licenses or Certifications

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Can you perform all necessary job functions with or without reasonable accommodation?

Yes     No

## APPLICANT'S STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory, in a lawful manner, in the employment process and all other persons, corporations or organizations furnishing such information about me.

I understand this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause or with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal state or local law. This Company likewise does not tolerate harassment based on sex, race, color religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

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14 Federico Drive, Pittsfield, MA 01201  
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## Reference Checking Consent and Authorization Form

### Disclosure

**Please read the information on this form carefully and completely.**

I have applied for employment with LTI Smart Glass Inc and have provided information about my previous employment. I authorize LTI Smart Glass to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to LTI Smart Glass Inc, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and LTI Smart Glass Inc from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with LTI Smart Glass Inc.

I further authorize LTI Smart Glass Inc to obtain feedback and references from my supervisors over the course of my employment with LTI Smart Glass Inc. I understand that subsequent and continued employment with LTI Smart Glass Inc may be subject to this feedback.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_