



Los Angeles Office  
850 W. Washington Blvd, #200,  
Los Angeles, CA 90015

Las Vegas Office  
7145 W. Post Rd,  
Las Vegas, NV 89113

Fresno Office  
5757 E. Clinton Ave,  
Fresno, CA 93727

#### ADMINISTRATIVE USE ONLY:

CLASSIFICATION:	
RATE:	
START DATE:	
HOME DEPT.:	
WC CODE:	

## APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire  
Equal Opportunity Employer

### PERSONAL INFORMATION:

DATE:	
NAME:	
ADDRESS:	
CITY & STATE:	
ZIP CODE:	
HOME PHONE:	
CELL PHONE:	

Position Desired:	
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#### Hours Available to Work:

Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	

- Have you ever applied to or worked for Giroux Glass?  
Yes No If yes, when? \_\_\_\_\_
- Do you have any friends or relatives working for Giroux Glass?  
Yes No  
a. If yes, state name(s) & relationship: \_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

Full-Time Part-Time Full- or Part-Time

### EDUCATION:

Type of School	Name of School & Complete Mailing Address	No. of Years Completed	Diploma, Major, or Degree
High School			
College, Bus., or Trade School			
Professional School			
Special Training			

- If hired, would you have a reliable means of transportation to and from work? Yes No
- Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No
- If hired, can you present proof of your legal right to live and work in this country? Yes No
- Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No  
a. If no, describe the functions that cannot be performed. \_\_\_\_\_

Continue on the next page.

**PREVIOUS EMPLOYMENT:** (List up to 3)

Name of Employer:	
Job Title:	
Address of Employer	
Phone Number:	
Name of Last Supervisor:	

Dates of Employment:

From:

To:

Salary:

Starting:

Ending:

Reason for Leaving – be specific:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this employer:

May we contact this employer?

Yes

No

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Name of Employer:	
Job Title:	
Address of Employer	
Phone Number:	
Name of Last Supervisor:	

Dates of Employment:

From:

To:

Salary:

Starting:

Ending:

Reason for Leaving – be specific:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this employer:

May we contact this employer?

Yes

No

Continue on the next page.

Name of Employer:	
Job Title:	
Address of Employer	
Phone Number:	
Name of Last Supervisor:	

Dates of Employment:

From:

To:

Salary:

Starting:

Ending:

Reason for Leaving – be specific:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this employer:

May we contact this employer?

Yes

No

Skills:

Typing:

Computer:

PC

Mac

Both

Applications (list all that apply):

Any Other Skills:

Military Service:

Rank:

## REFERENCES:

(Please list three persons not related to you, who have knowledge of your work performance within the last three years).

	Reference #1	Reference #2	Reference #3
<b>Name:</b>			
<b>Position:</b>			
<b>Company:</b>			
<b>Phone Number:</b>			
<b>Email Address:</b>			

Use this space to add any additional information necessary to describe your full qualifications for the position for which you are applying:

Continue on the next page.

## Please Read Carefully, then Initial Each Paragraph and Sign Below:

- \_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- \_\_\_\_\_ I hereby authorize Giroux Glass, Inc., to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- \_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.
- \_\_\_\_\_ I understand that employment with Giroux Glass, Inc. can be terminated with or without cause, and with or without notice, at any time, at the option of the Company or the Employee. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employer's listed. To give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information.
- \_\_\_\_\_ I also understand and agree that no Representative of the Company has any authority to enter into any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company Representative.

**Date:**

**Applicant Signature:**