

Select Location

- Tucson, AZ
 Santa Teresa, NM
 Salt Lake City, UT
 Phoenix, AZ
 Albuquerque, NM
 Denver, CO
 Boise, ID
 Baton Rouge, LA

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFO

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Position(s) Applying for _____ **Date** _____

Glaz-Tech Industries Inc. Requires a Pre-Employment Drug Screen

- Best time to contact you : Home: _____ : _____ [AM | PM] Cell: _____ : _____ [AM | PM]
- If you are under 18 years of age, can you provide required proof of your eligibility to work? [] Yes [] No
- Have you ever filed an application with us before? [] Yes [] No | If yes, give date _____
- Have you ever been employed with us before? [] Yes [] No | If yes, give date _____
- Do any of your friends or relatives, other than spouse, work here? [] Yes [] No
- Are you currently employed? [] Yes [] No
- May we contact your current employer? [] Yes [] No
- Are you prevented from lawfully becoming employed in this country because of visa or immigration status? [] Yes [] No
- Do you have a current and valid drivers license? [] Yes [] No
- Date available for work _____ | What is your desired salary range? _____
- Are you available to work : [] Full Time (Please indicate 1st, 2nd or 3rd shift) _____
 [] Part Time (Please indicate morning, afternoon or evenings) _____
 [] Temporary (Please indicate dates available : _____ / _____ / _____ - _____ / _____ / _____
- Can you travel if a job requires it? [] Yes [] No

EDUCATION	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

WORK HISTORY *Start with your most current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	All	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	All	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
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		From	To	
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		Starting	All	
Job Title	Supervisor			
Reason for Leaving				

SKILLS / TRAINING Summarize special job-related skills, qualifications or specialized training acquired from employment or other experience. Describe job related training if any received from United States Military.

SPECIALIZED SKILLS / EQUIPMENT OPERATED

Production / Machinery (Please List)	Other Equipment (Please List)	Computer Experience (Please Check / List)
_____	_____	<input type="checkbox"/> Microsoft Outlook / E-mail
_____	_____	<input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word
_____	_____	<input type="checkbox"/> Database Entry
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION State any additional information you feel may be helpful to us in considering your application.

Note to Applicant : Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES			
1	Name	Relation / Time Known	Phone #
	Address	Occupation (Optional)	
2	Name	Relation / Time Known	Phone #
	Address	Occupation (Optional)	
3	Name	Relation / Time Known	Phone #
	Address	Occupation (Optional)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY	Position(s) applied for is open : <input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) considered for : _____ Date : _____ Arrange Interview : [] Yes [] No Remarks : _____ _____	
Interviewer	Date
Employed [] Yes [] No Date of Employment _____ Job Title _____ Hourly Rate / Salary _____ Department _____ By _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name & Title Date </div>	