



EMPLOYMENT APPLICATION

Equal Opportunity Employer- Pilkington participates in E-Verify & Right to Work (see flyers attached) Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

Personal Identification

Name _____ Date _____

Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

Preferred Phone # _____ Cell Home Other

Were you referred to Pilkington by a **current** employee? Yes No

If yes, what is the name of the employee who referred you? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No
Have you had your driver's license suspended or revoked _____ Yes No
years? If yes, give details: _____

Availability

Are you currently employed? Yes No

Are you 18 years of age or older? Yes No

Which shift are you applying for? First Shift (5:00 a.m. – 1:30 p.m./6a.m. – 2:30p.m.)
 Second Shift (1:00 p.m. – 9:30 p.m./2:30 p.m. – 11:00 p.m.) Third Shift (9:00 p.m. – 5:30 a.m.)

Which are you applying for? _____ Part-time Full-time Temporary/short-term

Are you available to work overtime or extra days if required? Yes No If No, Explain _____

Desired Wage _____ Date available to start? _____ Position applying for _____

If requested, would you be willing to take a drug/alcohol screening exam before and/or and after employment as a condition of employment? Yes No

If you have any on-going commitments that would affect your work schedule list them here:

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

List all employment history starting with the most recent.

Current/Former Employer _____ Phone # _____ Job Title _____

Location: City _____ State _____ Supervisors' name _____

Dates of Employment (MM/YY): From _____ To _____ Wage at start: _____ At End: _____

Job Duties: _____

Reason for leaving _____

Employer 2 _____ Phone # _____ Job Title _____

Location: City _____ State _____ Supervisors' name _____

Dates of Employment (MM/YY): From _____ To _____ Wage at start: _____ At End: _____

Job Duties: _____

Reason for leaving _____

Employer 3 _____ Phone # _____ Job Title _____

Location: City _____ State _____ Supervisors' name _____

Dates of Employment (MM/YY): From _____ To _____ Wage at start: _____ At End: _____

Job Duties: _____

Reason for leaving _____

Education: Please DO NOT use Dates of graduation or attendance

Schools/Colleges Attended	Location: City/State	# Years	Graduate	Degree
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

REFERENCES: *List at least 3 work related references*

Name _____ Phone _____ Years Known _____

Name _____ Phone _____ Years Known _____

Name _____ Phone _____ Years Known _____

Please list any knowledge, skills, abilities, schooling, or certifications related to the position you are applying for.

Have you ever worked or applied for a position with Pilkington? Yes No - If Yes, when? _____

If you are a previous employee, please list the reason for leaving. _____

APPLICANT AGREEMENT (Read carefully before signing.) All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize any former employer, person, school, firm or corporation listed hereon, including this company, to answer any and all questions related to employment and agree to release from liability and hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that no one other than the company president has authority to enter into any employment agreement to the contrary. I agree to take a job related physical examination or a drug/alcohol test when requested as a condition of employment. I agree to comply with all rules of the company as a condition of employment. In the event the company advances me money or other things of value, I agree to repay the company and also that any amount still owing may be deducted from my final paycheck.

Signature _____ Date _____
