



APPLICATION FOR EMPLOYMENT
(Please Print Clearly)

Window City Inc (Window City) is an Equal Opportunity Employer and is dedicated to the achievement of equality of opportunity for all applicants for employment without discrimination on the basis of race, color, ethnicity, religion, age, sex, national origin, disability or any other protected category under local, state or federal laws. No question on this application is asked for the purpose of limiting or excluding any applicant considered for employment by Window City.

Please be thorough when completing this application. Even after hire, the information you provide here and during the pre-employment process will be relied on by Window City as being true, complete, and accurate, for various purposes. Likewise, if you include your resume, make sure that you have provided all requested information including your employment, education, salary history, and references, and that your resume is true, complete and accurate.

Application Date:		Date Available for Work:			
First Name		Middle Name or Initial		Last Name	Social Security Number
Street	City	State	Zip Code		
Home Phone	Business Phone	Cell Phone	Referred By:		
Email Address:			Date of Birth:		
Position(s) Applying For:					
Pay Expected: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					
How did you learn of this position?	<input type="checkbox"/> Window City Website	<input type="checkbox"/> Other Website: _____		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Employment Fair	<input type="checkbox"/> Employee: _____			
<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Job Center	<input type="checkbox"/> Other: _____			

- Are you willing to work overtime? YES NO
- Are you willing to work weekends? YES NO
- Are you willing to travel as follows:Up to 50 miles? YES NOMore than 50 miles? YES NO
- Are you legally authorized to work in the US? YES NO
- Are you 18 years of age or older? YES NO.....If not, do you have working papers?..... YES NO
- Have you applied for employment with Window City within the past year? YES NO

If yes, date: _____ Position: _____
 Have you ever been employed by Window City in the past? YES NO
 If yes, date: _____ Position: _____

I understand that any offer of employment by Window City may be contingent upon screening of my work/school/criminal record and personal references. Criminal records may be verified by the State Police or FBI. An affirmative answer to question #2 below will not automatically disqualify you from employment.

1. Have you been a resident of NJ for the past two consecutive years?..... YES NO
2. Have you ever been convicted of a felony or misdemeanor in any criminal or military court?..... YES NO

If yes, list all dates and offense below:
 Date(s): _____
 Offense(s): _____
 Disposition(s): _____

Education History					
	Name & City/State	Major/Study	Number of Years Completed	Graduate	List Degree(s)
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/University				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School/ Trade School/Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL SKILLS

<input type="checkbox"/> AutoCAD	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Web Design	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heavy Equipment: _____
<input type="checkbox"/> Computer	<input type="checkbox"/> Forklift	<input type="checkbox"/> Other: _____

Please list all Professional License(s) and/or Certification(s); include Organization, State where Issued, ID# and Expiration, if any.

All job offers for positions requiring the operation of a company vehicle will be contingent upon confirmation of a valid driver's license and driver's background check through the NJ Department of Motor Vehicles.

Do you possess a valid driver's license? YES NO
 Issuing State & Drivers License Number: _____

MILITARY (Complete this section if you served or currently serve in the U.S. Armed Forces)

Describe your duties and any special training which may be related to the position(s) for which you are applying:	Branch of Service:
	Rank at Discharge:

EMPLOYMENT HISTORY: Start with present or most recent employer

1	Company Name	Telephone ()
	Address	Employed (month/year) From: To:
	Name/Title of Immediate Supervisor	Rate of Pay Start: Last:
	Job Title/Describe Your Work	Reason for Leaving:
2	Company Name	Telephone ()
	Address	Employed (month/year) From: To:
	Name/Title of Immediate Supervisor	Rate of Pay Start: Last:
	Job Title/Describe Your Work	Reason for Leaving:
3	Company Name	Telephone ()
	Address	Employed (month/year) From: To:
	Name/Title of Immediate Supervisor	Rate of Pay Start: Last:
	Job Title/Describe Your Work	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact: Employer Number(s): _____
 Reason: _____

REFERENCES: List three (3) supervisors, instructors, or other professional references. Do not include relatives.		
Name	Address	Telephone Number

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I understand that in accepting this application, Window City is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered, nor does Window City's acceptance of this application imply employment. I understand that Window City does not guarantee employment for any specific length of time, regardless of quality of work. Therefore, I agree that, if hired, my employment may be terminated by Window City or me at any time, with or without notice or cause. I certify that I have fully, honestly, and accurately completed the application in its entirety. All statements made by me on this application are true, correct and complete to the best of my knowledge. I have not withheld anything whatsoever that would, if disclosed, affect this application unfavorably. I fully understand that any misrepresentation or omission in any part of this application, or in any subsequent other written documents that I am required to provide or complete in the course of employment with Window City may result in the cancellation of this application and, if I am already employed, may result in termination of my employment by Window City. I hereby authorize Window City to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. Furthermore, I hereby authorize my former employers and former educators to disclose to Window City any and all information related to my past employment and education without giving me prior notice of such disclosure. I certify that I have not been convicted of any crime that would disqualify me from the position(s) for which I am applying and hereby authorize Window City to request, obtain and examine any and all records relating to a conviction and/or imprisonment for a misdemeanor or felony and all records related to my motor vehicle history. In addition, I hereby release Window City, my former employers, and all other persons, corporations, partnerships, associations and government agencies from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that any offer of employment may be conditioned on the completion of pre-employment tests, including drug testing. I understand that a satisfactory drug screen may be a condition of employment with Window City. In consideration of my employment, I agree to conform to the policies and procedures of the company and any specific division policies and procedures. I agree that, if I accept employment with Window City, I will, as a pre-condition of such employment, produce authentic documents as required establishing my identity and work authorization and sign form I-9 (issued by the Federal Government) verifying, under oath, my employment eligibility. I hereby acknowledge that I have read the above statements and fully understand the terms thereof.

Signature: _____ Date: _____

Drug Screen Authorization and Consent

I hereby authorize and give full permission to have Window City and its authorized medical personnel conduct a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs or prescription medication taken without a prescription. I will not sue or hold concerned parties responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests, or as a result of the report of the test. This includes, but is not limited to, possible clerical or laboratory error. I understand that a job offer may be rescinded if I fail to be tested as scheduled. I understand that Window City may require an alcohol/drug screen test at random and/or resulting from an on-the-job accident, injury or equipment damage. My refusal to submit to alcohol/drug testing will be grounds for termination.

Signature: _____ Date: _____

Print Name: _____