



Application For Employment

Glassman Corporation is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type in all sections of this application.

The application must be fully completed to be considered. Please complete each section, even if you attach a resume. This application is intended for use in evaluating your qualifications for employment. This is not an employment contract.

Personal Information

Name

Social Security Number

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are You A U.S. Citizen?

Yes

No

Have you ever been convicted of a crime in the past seven years? (conviction will not necessarily bar to employment.)

Yes

No

If Selected for Employment Are You Willing to Submit to a Pre-Employment Drug Screening Test and Physical Capacity Profile?

Yes

No

Position

Position You Are Applying For

Available Start Date

Do you have the appropriate drivers license for the job? Yes No

DL# _____

State of Issue _____

Employment Desired

Full Time

Part Time

Seasonal/Temporary

Education

School Name	Location	Years Attended	Degree Received	Major

References

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY.

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Certification and Release

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information, omissions or misrepresentation of facts called for in my application or interview may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, companies, and schools to release any information concerning my background and hereby release said from liability for any damage whatsoever for issuing this information. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

Name (Please Print)	Signature
Date	