



P.O. Box 2213
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EMPLOYMENT APPLICATION

It is the policy of E-Z Windows, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Name:
Address:
City:
State:
Zip:
Number of years at this address:
Day phone:
Eve phone:
Social Security Number:
Email address
Who should be contacted if you are involved in an emergency?
Contact Name:
Relationship to you:
Address:
City/State/Zip:
Day phone:
Eve phone:

Who referred you to our company?
Are you at least 18 years old?
Are you willing to work any shift, including nights and weekends?
If no, please state any limitations:
If you are offered employment, what date would you be available to begin work?
Are you legally eligible for employment in the United States?
Are you able to perform the essential functions of the job position with or without reasonable accommodation?
What reasonable accommodation, if any, would you require?
Are you currently employed?
Salary Desired?
Have you ever been convicted of any crime, including traffic violations?
If yes, please describe:
THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

Applicant's Education and Training:

List your education and training.

High School Name and Address:
Last Grade Completed:
Diploma?
College Name and Address:
Did you receive a degree?
If yes, degree received:
Other Training (graduate, technical, vocational):
Awards, Honors, Special Achievements:
Applicant's Skills: List any skills that may be useful for the job you are seeking:

Applicant Employment History:

List your current or most recent employment first.

Employer
Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer
Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer
Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer
Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

References:

List any two people (non-relative) who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize E-Z Windows, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Principal, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of E-Z Windows, Inc., except in a specific written contract of employment signed on behalf of the organization by its Principal, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE