

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, height, weight, veteran status, handicap or any other legally protected status.

Date _____ Social Security Number: _____

Last Name _____ First Name _____

Address _____

Home Telephone _____ Cell Phone _____

Position Applied For _____

Date Available for Employment _____

Are you a citizen of the United States? _____ Are you currently employed? _____

Why do you want to make a change? _____

Name employed under if different from name shown on application _____

Have you ever been convicted of, or pleaded guilty to a felony? _____

If yes, give details including date, nature of incident and disposition (e.g. probation etc.) _____

Can you perform the duties of the job for which you have applied, without accommodation? _____

If you require an accommodation, please explain the nature of the accommodation needed _____

Do you have any pre-existing injury or medical condition that you believe or suspect may be aggravated by the duties of the position applied for? _____

EMPLOYMENT HISTORY

Employer _____ From _____ to _____

Address _____ Telephone Number _____

Supervisor Name and Title _____

Your Job Title _____ Hours Worked Per Work _____

Your Duties _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

REFERENCES

(Do not list relatives or former employers)

Name _____ Address _____

Telephone Number _____ Occupation _____

Name _____ Address _____

Telephone Number _____ Occupation _____

I understand that completion of this application does not guarantee a job interview or job offer. No promises regarding employment have been made to me and I understand that no such promise or guarantee would be binding upon Glas Associates. I also understand that nothing in this employment application, in the company's statement or personnel guidelines, or in my communication with any Glas Associate representative is intended to create a contract between Glas Associates and myself. Additionally, I understand that if an employment relationship is established, I have a right to terminate my employment at any time. Further I acknowledge that Glas Associates has the right to terminate my employment for any reason or for no reason at all, with or without notice, and with or without cause. My employment would be at-will. Further, I understand that Glas Associates has the right to modify its policies without giving me any notice of the change.

I hereby authorize Glas Associates to verify all the information I have provided on my application. I also agree to execute, as a condition of employment, any additional written authorizations necessary for Glas Associates to obtain access to and copies of records pertaining to this information. I expressly authorize Glas Associates to contact prior employers and release those prior employers and Glas Associates from all liability arising from providing information about my employment history.

State and federal law requires Glas Associates to make reasonable accommodation of handicapped applicants and employees where the accommodation does not impose hardship on Glas Associates. Michigan law provides that employees and applicants may request an accommodation of their handicap by notifying Glas Associates in writing of the need for accommodation within 180 days of the date that the individual knows or should know that an accommodation is needed.

I certify that I can and will, upon request, substantiate all statements made by me on this application, and that such statements are true, complete and correct to the best of my knowledge. I understand that a false statement, dishonest answer, misrepresentation or omission of any question will be sufficient grounds for rejection of my application or my immediate discharge.

Date: _____

Signature: _____

(Full Legal Signature)