

An Equal Opportunity Employer: This company is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

Southern Wall Systems maintains a Drug Free Workplace. A urine drug screening test is a condition of employment.

Personal Data

Please print or type whichever is more legible. If needed, please request accommodation to enable you to complete the application. While we expect each applicant to answer every question thoroughly, we ask that you only provide the requested information. Any applicant who provides unrequested information will be automatically rejected.

Name: _____	Date of Application: _____
Previous/Different name used in Education/Employment (for reference checking) _____	
Address: _____ _____	
Telephone (Day): _____	SSN #: _____
(Evening): _____	
Is you age under 18? (please circle one) Yes NO	Are you a Veteran: Yes NO
<small>(Federal regulations prohibit anyone under 18 from working in hazardous occupations)</small>	
Are you eligible to work in the United States: Yes NO	
If you are not a citizen of this country, what is your status? (Do you have work papers?) _____	
Have you ever pled "guilty, "no contest" to, or been convicted of a crime? Yes NO	
If yes, please provide date(s) and details: _____	
<small>(The nature and gravity of the offense for which convicted, the amount of time that has elapsed since time of conviction, and the nature of the job as it relates to the offense will all be taken into consideration when making an employment decision.)</small>	

Job Interest

Position desired: _____	
Date available for employment _____	Were you ever employed by our Company? Yes NO
If Yes, Where? _____	Dates: _____
Rank in order of preference the type of work you desire:	
_____ Full Time	_____ Part Time
_____ Hours	_____ Temporary (summer or seasonal work) Days
How or by whom were you referred to us? _____	

Education and Training

Name	Address/City/State	Major Course or Subject	Circle last yr completed	Did you graduate?	Degree	GPA
			1 2 3 4	Yes No		
<i>High School or Preparatory</i>						
			1 2 3 4	Yes No		
<i>Business School/Technical School</i>						
			1 2 3 4	Yes No		
<i>College</i>						
			1 2 3 4	Yes No		
<i>Graduate Work</i>						

List any specialized training or courses you have completed which will aid in evaluating your qualification for the position you are seeking. Use additional sheets if necessary. (Example: if applying for a clerical position, note training such as typing, word processing, calculator, computer, hardware, software etc.) Please include grade or other indicator of achievement, such as words per minute typed.

Previous Employment

Please give the following information in chronological order beginning with the most recent position:

Name of Firm/Business: _____

Were you a permanent employee or temporary? _____
If Temporary please provide agency name: _____

Address: _____

Name of Supervisor: _____ Phone Number: _____

Nature of Business: _____

Dates of Employment: _____

Position(s) Held: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving? _____

Name of Firm/Business: _____

Were you a permanent employee or temporary? _____
If Temporary please provide agency name: _____

Address: _____

Name of Supervisor: _____ Phone Number: _____

Nature of Business: _____

Dates of Employment: _____

Position(s) Held: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving? _____

Name of Firm/Business: _____

Were you a permanent employee or temporary? _____
If Temporary please provide agency name: _____

Address: _____

Name of Supervisor: _____ Phone Number: _____

Nature of Business: _____

Dates of Employment: _____

Position(s) Held: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving? _____

Please give the following information in chronological order beginning with the most recent position:

Previous Employment

Name of Firm/Business: _____

Were you a permanent employee or temporary? _____
If Temporary please provide agency name: _____

Address: _____

Name of Supervisor: _____ Phone Number: _____

Nature of Business: _____

Dates of Employment: _____

Position(s) Held: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving? _____

Professional/Personal References

Name: _____	Company: _____
Position: _____	Relationship: _____
Years Known: _____	Phone: _____
Name: _____	Company: _____
Position: _____	Relationship: _____
Years Known: _____	Phone: _____
Name: _____	Company: _____
Position: _____	Relationship: _____
Years Known: _____	Phone: _____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I agree that, if hired, I obtain the right to terminate my employment at any time, with or without cause and with or without notice, and understand that the company may in turn, terminate my employment at any time, with our without cause or notice. I understand that no manager or representative of the company, other than the president or his/her designee, has any authority to enter into any agreement of employment for any specified period of time or making any agreement contrary to the foregoing either now, in the past or in the future. I further understand that such an agreement must be in writing and signed by the president for it to be binding on either myself or the company. I further understand that this statement superseded any or prior oral or written understanding and bars any future oral understanding to the contrary.

Applicant's Signature: _____ Date: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my persona, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application. I understand my failure to report to work will indicate that I have quit. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant's Signature: _____ Date: _____