



EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: American Window Products, Inc.
Address: 2633 Powers Avenue
City/State/ZIP: Jacksonville, Florida 32207
Telephone: 904-731-2247

It is the policy of American Window Products, 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.

2. Applicant Information

Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____ Phone: _____

Social Security Number: _____

Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Phone: _____

4. Job Position Applied For: (Circle all that apply)

Installer Apprentice / Installer / Office / Warehouse / Sales

5. Salary Desired: \$ _____ per _____

6. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

7. Are you at least 18 years old? _____ Yes _____ No
8. How will you get to work? _____
9. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

10. If applicable, are you available to work overtime? _____ Yes _____ No

11. If you are offered employment, when would you be available to begin work?

12. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

13. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

14. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

15. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____
High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No
Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

16. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____ Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____ Telephone: _____

Relationship: _____

17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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 American Window Products, 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.

I understand that American Window Products, Inc. reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or examination to the extent permitted by applicable law. I authorize American Window Products, Inc. to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

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 President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. 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 will have the right. Moreover, no agent, representative, or employee of American Window Products, Inc., except in a specific written contract of employment signed on behalf of the organization by its President, 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