

APPLICATION FOR EMPLOYMENT

New Windows for America is an equal opportunity employer and will not discriminate against any applicant for employment because of race, color, religion, gender, national origin, sexual orientation, genetic information, disability, age, marital status or any other protected status. Applicants who require an accommodation throughout the application and interview process should request this in advance. Additional testing of job related skills may be required prior to employment. If you feel that you have been discriminated against during the application process, contact the Human Resources Department at 952-832-8370.

Position Sought:						
How did you learn about the position	?					
Name		Date				
Current Address:	City	State	Zip			
Permanent Address:	City	State	Zip			
Length at residence If less then 7 years: Previous Address:		State	Zip			
Home Phone	Cell Phone	Other Phone				
Email Address: Social Security Number						
What type of employment are you see	eking? [] Part-time [] Ful	Il time Specify hours:				
On what date would you be available	le for work?	Desired Wage	/Salary \$			
Are you a U.S. citizen, or are you oth	erwise authorized to work ir	the U.S. without any rest	triction? [] Yes [] No			
Have you ever been involuntarily terr	ninated or asked to resign fr	rom any position of emplo	oyment? [] Yes [] No			
If yes, please describe circumstances:						

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION						
School Name	Location	Years Attended	Degree	Major		
			Received			

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT

(Most Recent First.)								
1. Employer	Job Title							
Dates Employed	Prior Position Held within Company (if any):							
Address	Ci	ity	State	Zip				
Phone	Supervisor		Title					
Starting Salary		Ending Salary	7					
Duties Performed								
Reason for Leaving								
2. Employer		Jc	ob Title					
Dates Employed	Prior Position Held within Company (if any):							
Address	Ci	ity	State	Zip				
Phone	Supervisor		Title					
Starting Salary		Ending Salary	7					
Duties Performed								
Reason for Leaving								
3. Employer		Jo	ob Title					
Dates Employed	Prior Position Held within Company (if any):							
Address	Ci	ity	State Zip					
Phone	Supervisor		Title					
Starting Salary	Ending Salary							
Duties Performed								
Reason for Leaving								
4. Employer		Jc	ob Title					
Dates Employed	Prior Position Held within Company (if any):							
Address	Ci	ity	State	Zip				
Phone	Supervisor		Title					
Starting Salary		Ending Salary	7					
Duties Performed								

Availabi	ility:					
Mandana		Turadam		Wednesdow	Thursday	
Mondays		Tuesdays		wednesdays	 Thursdays	_
Fridays		 Saturdays		Sundays	 	_
5				ý		
Please de	escribe you	ur personality a	and work t	raits:		
Why are	you the be	est applicant fo	r the posit	ion?		
	you the be					

REFERENCES

1. Name		•	Job Title		
Company		_ Phone			Extension
Address	Cit	y		State	_Zip
2. Name			Job Title		
Company		_ Phone			Extension
Address	Cit	/		State	_ Zip
3. Name		1	Relationship		
Number of years known:	Phone			Cell	
Address	Cit	y		State	_Zip
4. Name]	Relationship		
Number of years known:	Phone			Cell	
Address	Cit	У		State	_Zip

ACKNOWLEDGMENT AND AUTHORIZATION

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date