

GOODMAN HARDWARE AND GLASS COMPANY

HAMPTON, VIRGINIA 23666

(757) 826 - 1444

APPLICATION FOR EMPLOYMENT

Last Name _____ First Name _____ SS # _____

Street Address _____

City _____ State _____ Zip Code _____

How long at this address? _____ If less than 7 years, previous address: _____

Phone Number _____ Date of Birth (optional) _____ Place of Birth (City & State) _____

Are you a U.S. Citizen? Yes [] No [] Do you have a valid Virginia Driver's License? Yes [] No []

Job Applied for: _____ Date you can start work _____

Do you have any physical limitations that prevent you from performing any work for which you are to be considered? Yes [] No []

If yes explain: _____

Have you ever been convicted of a felony? Yes [] No []

If yes, explain: _____

Were you ever injured on the job? Yes [] No []

If yes, give details: _____

Do you have any defects in hearing? Yes [] No [] If yes, explain _____

Do you have any defects in vision? Yes [] No [] If yes, explain _____

Do you have any defects in speech? Yes [] No [] If yes, explain _____

Are you a Veteran? Yes [] No []

If yes, please check all that apply: [] Disabled Veteran [] Veteran of the Vietnam Era

[] Other (state what campaign) _____

List Professional Licenses or Certificates

Agency: _____ Certificate: _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

Education - Highest Grade or Latest Diploma

School: _____ Grade or Degree: _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

Date Graduated or attended: _____

Employment Experience

Start with your present or last job. Include any job-related or military service assignments for the past 7 years.

1	Employer	Dates Employed		Work Performed
	Street Address	From	To	
	City, State, Zip Code			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
	Street Address	From	To	
	City, State, Zip Code			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
	Street Address	From	To	
	City, State, Zip Code			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
	Street Address	From	To	
	City, State, Zip Code			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper

The above information is correct and true to the best of my knowledge. I understand that employment is at-will and I am subject to dismissal or discipline without notice or cause at the discretion of the employer; that my employment is dependent upon satisfactory results of a drug screening test; that I must provide a copy of my current DMV record; attend Safety Rules training prior to starting work; that I am subject to all company employment and safety policies and that the employer reserves the right to unilaterally abolish or modify any policy without prior notice; that this application grants authorization for the employer or agents to inquire or obtain information from the applicant's previous employers, school, credit sources, government agencies, including DMV and to conduct a criminal background check; that I am subject to the company drug testing policy, and that falsification of any application information is grounds for immediate dismissal.

Signature

Date