



**606 N. Wenatchee Ave, Wenatchee, Washington 98801**  
**509-662-8039**

**Job Application**

Community Glass Co. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**Applicant Information:**

Applicant Name:	
Address:	
City, State and Zip Code:	
Telephone Number:	
Email Address:	
Date of Application:	

**Employment Position:**

**Position(s) applying for:** \_\_\_\_\_

How did you hear about this position?	
What days are you available for work?	
What hours are you available for work?	
If needed, are you available to work overtime?	
On what date can you start working if you are hired?	
Do you have reliable transportation to and from work?	
Salary desired:	

**Personal Information:**

Have you ever applied to or worked for Community Glass Co. before? Yes    No

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Community Glass Co.? Yes    No

If yes, state name & relationship. \_\_\_\_\_

Are you 18 years of age or older? Yes    No

Are you a U.S. Citizen or approved to work in the United States? Yes    No

What document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Can you lift up to 50 pounds with or without accommodations? Yes    No

Do you have any conditions which would require job accommodations? Yes    No

If yes, please describe accommodations required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Job Skills/Qualifications:** Please list below the skills and qualification you possess for the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you read a tape measure? Yes    No

*(Note: Community Glass Co. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

**Education and Training**

**High School**

Name	Location (City, State)	Graduated?	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services?	
What branch of the military did you enlist/serve?	
What military skills do you possess that would be an asset for this position?	

**Previous Employment:**

Employer Name	Job Title	Supervisor Name
Employer Phone	Dates Employed	Reason for leaving
Employer Name	Job Title	Supervisor Name
Employer Phone	Dates Employed	Reason for leaving
Employer Name	Job Title	Supervisor Name
Employer Phone	Dates Employed	Reason for leaving

**Please provide 2 personal and/or professional references:**

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and Community Glass Co. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Community Glass Co. No representative of Community Glass Co has the authority to enter into an agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our President and Secretary.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_