



2975 South Avenue B, Yuma, AZ 85364  
Office 928-317-0345 Fax 928-317-0299

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

FULL LEGAL NAME (as it appears on Social Security Card)			
ADDRESS		CITY	STATE   ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER	ARE YOU 18 YEARS OR OLDER? (circle one) Yes      No	
HIGHEST LEVEL OF EDUCATION			

POSTITON APPLYING FOR:	DATE AVAILABLE:
IF HIRED: Can you present evidence of your legal right to work in the U.S.? (circle one)      Yes      No	
Would you have reliable means of transportation to and from work? (circle one)      Yes      No	

EMPLOYMENT HISTORY			
NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS		CITY	STATE   ZIP
JOB TITLE		START DATE	END DATE
REASON FOR LEAVING			
MAY WE CONTACT YOUR PRECVIOUS EMPLOYER? (circle one)      Yes      No		STARTING WAGE \$                  PER	FINAL WAGE \$                  PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
NAME OF PREVIOUS EMPLOYER:			
ADDRESS		CITY	STATE   ZIP
JOB TITLE		START DATE	END DATE
REASON FOR LEAVING			
MAY WE CONTACT YOUR PRECVIOUS EMPLOYER? (circle one)      Yes      No		STARTING WAGE \$                  PER	FINAL WAGE \$                  PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
NAME OF PREVIOUS EMPLOYER:			
ADDRESS		CITY	STATE   ZIP
JOB TITLE		START DATE	END DATE
REASON FOR LEAVING			
MAY WE CONTACT YOUR PRECVIOUS EMPLOYER? (circle one)      Yes      No		STARTING WAGE \$                  PER	FINAL WAGE \$                  PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	

LIST ANY RELATED SPECIAL SKILLS, CERTIFICATIONS and/or TRAINING

**EMERGENCY CONTACT INFORMATION**

<b>NAME:</b>	<b>TELEPHONE NO.</b>	<b>RELATIONSHIP:</b>
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**AUTHORIZATIONS - Please read carefully, intital each paragraph and sign below:**

\_\_\_\_\_ DRUG-FREE WORKPLACE - Pilkington Commercial Co., Inc. is a Drug-Free Workplace. If position may be offered to you, a drug test must be taken prior to employment. In which case applicant agrees to a drug test as a part of our companies hiring process.

\_\_\_\_\_ TRHUTHFULNESS OF APPLICATION: I certify that the facts set forth in the employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

\_\_\_\_\_ AUTHORIZATION TO INVESTIGATE: I authorize any person or organizations referenced in this application to give the Company any and all information concerning previous employment, education or any other information they have, with regard to any subjects covered by this application and release all such parties from liability for any damage that may result from furnishing such information. I authorize the Company to request and receive such information.

\_\_\_\_\_ AT-WILL RELATIONSHIP: I understand and agree that if I am offered employment with the Company it will be on an "at-will" basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understood that the "at-will" nature of my employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the Chief Operating Officer of the Company. I understand that nothing contained in the application or conveyed during any interview which may be granted or during employment, if hired, is intended to create an employment contract between me and the company.

\_\_\_\_\_ EQUAL OPPORTUNITY: I understand that Pilkington Commercial Co., Inc. is an Equal Opportunity Employer. Company policy forbids all forms of unlawful discrimination and harrassment based on color, race, national origin, citizenship, ancestry, sex, sexual orientation, gender identity, genetic information, age, physical or mental disability, religion, political beliefs, medical condition, pregnancy and related conditions, material status, protected veteran status, or any characteristics as provided by applicable laws. As a part of this policy, the Company will reasonably accommodate any qualified individual with a physical or mental disability who is able to perform the essential functions of the job without creating a direct threat to the health and safety or an undue hardship on the Company.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**