
EMPLOYMENT APPLICATION

PA003354

BCP#1-888-520-6680

Cambria Glass & Insulation, Inc.

1269 Broad Street

Johnstown, PA 15906

Phone – (814) 535-6181 Fax – (814) 535-6182 info@cambriaglass.com

“An Equal Opportunity Employer”

Cambria Glass & Insulation, Inc. is an equal opportunity employer that does not discriminate on the basis of race, sex, age, color, religion, veteran status, citizenship, national origin, ancestry, non-job related handicap or disability, obligation to serve in the Armed Forces of the United States or any other characteristic protected by applicable federal, state or local laws.

Name _____ Date _____

Address _____ Home Phone # _____

Cell Phone _____ City _____ State _____ Zip _____

Email address _____

Are you at least 18 years of age? Yes No

Do you possess a valid PA Drivers License? Yes No

If employment, education or military records are under a name other than indicated above, please state name used: _____

Name of relative or friend employed at Cambria Glass & Insulation, Inc.:

_____	_____	_____
Name	Relationship	Department

Are you a U.S. Citizen or alien legally eligible for work? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain:

Do you currently have any felony or misdemeanor charges pending against you? Yes No If yes, please explain:

NOTE: Convictions or pending charges will not necessarily bar an applicant for employment.

POSITION DESIRED: _____

Are you willing to work: full-time part-time summer

Have you ever worked for us before? Yes No When? _____ Position _____

If hired, on what date will you be available for work? _____

EMPLOYMENT EXPERIENCE: (Most recent employer first.)

Employer's Name _____ Complete Address _____ Telephone No. _____
Job Title _____ Immediate Supervisor _____
Reason for leaving _____
Duties: _____
Dates of Employment: From _____ To _____ Salary or hourly rate _____

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May we contact your present employer for a reference? Yes No

PERSONAL REFERENCES:

Below give the names of two persons not related to you and the name of a third person who may be related, all of whom you have known for at least one year:

Name	Address and Telephone Number	Business or Occupation	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATION:

Schools/Colleges Attended	Course of Study	Did You Graduate?	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY:

Were you in the U.S. Armed Services? Yes No If yes, what Branch? _____

Dates of Duty: From (month/day/year) _____ To (month/day/year) _____

List duties in the service including special training:

LICENSE OR CERTIFICATES:

Type _____ State Issued _____ Date _____ No. _____

Type _____ State Issued _____ Date _____ No. _____

Area of specialization or major interest: _____

Do you type? Yes No w.p.m. _____ Do you have computer skills? Yes No

List any office machines you have operated: _____

I ACKNOWLEDGE that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the firm has the authority to change the terms of an at will employment and that any such change can only occur in a written employment contract. **Initial** _____

I AUTHORIZE Cambria Glass & Insulation, Inc. to obtain information about me from my previous employers, schools, and credit sources. I authorize my previous employer and schools that I have attended and all credit sources to disclose to Cambria Glass & Insulation, Inc. such information about me as Cambria Glass & Insulation, Inc. may request. **Initial** _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination. **Initial** _____

Please initial three places above and sign and date the signature line below.

Signature _____ Date _____
