

Go-Glass Corporation
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Application for Employment

Position(s) for Which You Are Applying _____

Name _____

Other Names Used _____ Social Security Number _____ - _____

Home (Street) Address _____ City _____ State _____ ZIP _____

How Long at Current Address _____ Year(s) _____ Month(s) Email Address at Which We May Contact You _____

Please List Your Other Addresses, if any, in the Last Seven (7) Years:

Home Telephone (____) _____ Other Telephone at Which We May Contact You (____) _____

Employment History:

Dates of Employment (Begin with Most Recent)	Organization Name and Address	Positions(s) Held; Responsibilities	Reason for Leaving This Position	Supervisor's Name, Title, & Phone Number	May We Contact This Person?
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education:

School/Institution Name & Address (City & State are Sufficient) **Nature of Studies** **Degree/Certificate Obtained**

Other Relevant Experience:

References:

Name of Reference **Address** **Daytime Phone**
Beginning w/ Area Code **How long have you**
known this person? **Nature of Relationship**

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain the circumstances:
