



Mountain View Windows Inc.
Employee Application

First Name _____ Middle _____ Last Name _____

Address _____

Home Phone _____ Cell _____ Pager _____

S. S. N. _____ - _____ - _____ Drivers License # _____ Type _____

Person To Notify in Case of Emergency _____

Address _____

Telephone # _____ Relationship _____

Do you have the right to work in the United States? Yes OR No

Have you been convicted during the past seven years of a felony, a crime concerning use or possession of illegal drugs, or any misdemeanor which resulted in imprisonment? _____ (Note: A conviction will not necessarily disqualify you from the position for which you are applying.) If yes, please

describe in full, including date(s): _____

Military Service (U.S.) Yes OR No

Last Employer _____

Address _____

Phone # _____

Length of Employment and Reason For Leaving: _____

Wage: _____

2nd to Last Employer _____

Address _____

Phone # _____

Length of Employment and Reason For Leaving: _____

Wage: _____

3rd to Last Employer _____

Address _____

Phone # _____

Length of Employment and Reason For Leaving: _____

Wage: _____

Please read carefully

Read carefully the following statement in this agreement before signing the application.

1. I certify that the information contained in this application is correct to the best of my knowledge and that any material misrepresentation is grounds for dismissal from the employ of Mountain View Windows Inc., or rejection of my application for employment.
2. I authorize my former employers and any other person or organization to provide any accurate information they have about my background and I release all concerned from liability in connection therewith. This authorization includes conducting criminal background checks, pre or post employment.
3. I understand Mountain View Windows Inc. policy prohibits an employee under the influence of intoxicants or controlled substances from working, and that testing may be required of an employee reasonably suspected to be under the influence, or who is involved in or who contributes to an accident involving injury or harm to individuals, property or equipment.
4. I understand that there will be a probation period at the beginning of my employment.

Applicant Signature

Date