

APPLICATION FOR EMPLOYMENT

Please print legibly with blue or black ink.

PERSONAL INFO							
LAST NAME		FIRST NAME		MIDDLE		DATE / /	
PRESENT ADDRESS			CITY	STATE	ZIP	HOW LONG AT THIS RESIDENCE?	
PREVIOUS ADDRESS			CITY	STATE	ZIP	HOW LONG AT THIS RESIDENCE?	
PHONE ()	SOCIAL SECURITY NUMBER		POSITION DESIRED			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

Emergency Contact:

PERSONAL HISTORY	Phone:
HAVE YOU EVER WORKED FOR THE WORKSITE BUSINESS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:	
HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO OR BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:	
ARE YOU CURRENTLY OUT ON BAIL OR ARE YOU ON YOUR OWN RECOGNIZANCE, PENDING TRIAL FOR AN OFFENSE FOR WHICH YOU HAVE BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:	
HAVE YOU EVER PLED GUILTY OR NO CONTEST TO OR BEEN CONVICTED IN A MISDEMEANOR RESULTING IN IMPRISONMENT WITHIN THE LAST SEVEN YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:	
<small>NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age at the time of the offense, the date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)</small>	

PREVIOUS EMPLOYMENT			
<small>Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary.)</small>			
PRESENT OR LAST EMPLOYER	EMPLOYED FROM (MO/YR)	YOUR TITLE OR POSITION	EXACT REASON FOR LEAVING
ADDRESS	TO (MO/YR)		
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF LAST SUPERVISOR	
TELEPHONE	FINAL PAY		
PRESENT OR LAST EMPLOYER	EMPLOYED FROM (MO/YR)	YOUR TITLE OR POSITION	EXACT REASON FOR LEAVING
ADDRESS	TO (MO/YR)		
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF LAST SUPERVISOR	
TELEPHONE	FINAL PAY		
PRESENT OR LAST EMPLOYER	EMPLOYED FROM (MO/YR)	YOUR TITLE OR POSITION	EXACT REASON FOR LEAVING
ADDRESS	TO (MO/YR)		
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF LAST SUPERVISOR	
TELEPHONE	FINAL PAY		
PRESENT OR LAST EMPLOYER	EMPLOYED FROM (MO/YR)	YOUR TITLE OR POSITION	EXACT REASON FOR LEAVING
ADDRESS	TO (MO/YR)		
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF LAST SUPERVISOR	
TELEPHONE	FINAL PAY		

APPLICANT'S STATEMENT AND AGREEMENT

Please review thoroughly and sign agreement below if you are applying for a position with this company.

In the event of my employment to a position with this company, I will comply with all rules and regulations of this company. I understand that the company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the company may contact my previous employers and I authorize those employers to disclose to the company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the company with any pertinent information they may have regarding myself.

I also acknowledge that the company promotes a voluntary system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the company and myself, I voluntarily agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, and Employment Development Department claims) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). However in

addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in California courts, the following shall apply and be observed: all rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal, or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable, it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY.**

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to give up the benefits of arbitrating Title VII claims.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the company (or majority owner or owners if company is not a corporation). No supervisor or representative of the company, other than the President of the company (or majority owner or owners if company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the company and the employee regarding the rights of the company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the company.

If you have any questions regarding this statement, please ask a company representative before signing. **DO NOT SIGN UNTIL YOU HAVE READ THIS STATEMENT & AGREEMENT COMPLETELY.**

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

SIGNATURE OF APPLICANT

DATE

APPLICATION FOR EMPLOYMENT

Please print legibly with blue or black ink.

EMPLOYMENT INFO

HAVE YOU BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:	
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:	
DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATIONAL RECORD? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL JOB DUTIES REQUIRED OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE INDICATE ANY EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:	
HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST 3 YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION?	
YEAR: _____	NUMBER OF DAYS MISSED: _____
YEAR: _____	NUMBER OF DAYS MISSED: _____
YEAR: _____	NUMBER OF DAYS MISSED: _____

EDUCATION

SCHOOL NAME(S)	YEARS COMPLETED (CIRCLE)	DIPLOMA/ DEGREE	COURSE OF STUDY OR MAJOR	DESCRIBE SPECIALIZED TRAINING, EXPERIENCE, SKILLS AND EXTRA-CURRICULAR ACTIVITIES
ELEMENTARY	4 5 6 7 8			
HIGH SCHOOL	9 10 11 12			
COLLEGE/UNIVERSITY	1 2 3 4			
GRADUATE/PROFESSIONAL	1 2 3 4			
TRADE, CORRESPONDENCE OR OTHER				

PERSONAL REFERENCES

Please list persons you know well, not previous employers or relatives.

NAME	OCCUPATION	ADDRESS (STREET, CITY, STATE)	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

SIGNATURE

This application will be considered for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must re-apply. I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION (INCLUDING ATTACHED FORMS, IF ANY) IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT	DATE
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Email Address: _____ CellPhone: _____

Applicant Name: _____ Date: _____

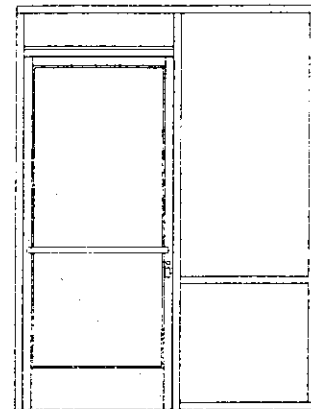
ARCHITECTURAL GLAZIER'S TEST

- Name (2) standard aluminum framing sizes. 1. _____ 2. _____
- What is O.H.C.C. and abbreviation for? _____
- What is the approximate glass size for a 3' x 7' door with a 10" bottom rail? _____
- What does annealed mean? _____
- When glazing a door, what type of glass must always be used? _____

6. Draw a line that would represent a plumb ->

7. Review this drawing and answer the questions below:

- What hinge is the door? _____
- Place an "S" on the areas of the glass that need to be safety glazed per the 1988 Uniform Building Code.



8. Fractional Math:

- $1 \frac{3}{4} + 2 =$ _____
- $1 \frac{3}{4} * 3 =$ _____
- $48 - 1 \frac{3}{16} =$ _____
- $36 + 1 \frac{3}{4} =$ _____

- What aluminum manufactures are you most familiar with?
- What is spandrel glass? _____
- Should all wall mirrors be mechanically fastened at both the top and the bottom? Yes or No
- What is the millimeter equivalent for $\frac{1}{4}$ " thick glass? _____
- Which dimension is **always** listed **first** when writing or "calling out" the 2 sides of a right angled lite of glass, window or door?
Width or Height
- In a 6' X 6' XO sliding door assembly, what do the X and O mean? _____
- What do the letters IG mean when referring to a thermal glass unit? _____
- Are most bathroom windows glazed with A. Obscure or B. Opaque glass?
- Is wired glass considered A. Fire Rated Glass, B. Safety Glass or C. Both?