



Application for Employment

Candidate's Name:	Date:
Address:	
Telephone:	Email:

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever worked for O'Donnell Impact Windows & Storm Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____	How did you learn about this job opening? <input type="checkbox"/> Company Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Job Board <input type="checkbox"/> Social Media page <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other:

Position Applying For:

Desired Position:	Start date available:
Desired Wage: \$ _____	Hours available to work:
If necessary for the job, are you able to: Work Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Work Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Work Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Work Nights <input type="checkbox"/> Yes <input type="checkbox"/> No Provide a valid FL driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No	Days of the week available to work:
	Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No



Education & Training

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, certification, training or special skills:		

Employment History

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper. **Please do not leave any sections blank.**

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	



References – List 3 references who are not relatives or former employers.

Name:	Phone Number:
Address	Email Address:
Occupation	Years Known:

Name:	Phone Number:
Address	Email Address:
Occupation	Years Known:

Name:	Phone Number:
Address	Email Address:
Occupation	Years Known:

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any, and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date



AUTHORIZATION OF BACKGROUND INVESTIGATION

By my signature below, I consent to the preparation of background reports by a consumer reporting agency such as Janus Investigations, and to the release of such background reports to O'Donnell Impact Windows & Storm Protection and its designated representatives and agents, for the purpose of assisting O'Donnell Impact Windows & Storm Protection in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if O'Donnell Impact Windows & Storm Protection hires me or contracts for my services, my consent will apply, and O'Donnell Impact Windows & Storm Protection may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state, and local), motor vehicle record agencies, my past or present employers, the military, worker's compensation agencies, and other individuals and sources to furnish any, and all information on me that is requested by the consumer reporting agency. I understand that I may be required to take a drug test before or during employment.

By my signature below, I also certify the information I provided on and in connection with this form to be, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of O'Donnell Impact Windows & Storm Protection.

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____

Other Names or SSN Used: _____

Current Address: _____
Street Address City State Zip

List all addresses for past 7 years: (check here if more on reverse)

Dates	Address	Dates	Address
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License #: _____ State: _____

Date of Birth: _____ Phone Number: _____

Have you every been convicted of a crime? Yes No
This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pretrial intervention programs

Year	Offense	City	County	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

May we contact your current employer? Yes No

Signature: _____ Date: _____