

COMMONWEALTH GLASS & MIRROR

1 GROVE STREET
 WATERTOWN MA, 02472
 PHONE 617-926-1111, FAX 617-926-7816 (see below for submission instructions)

APPLICANT INFORMATION

| | | | | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------|--------|--|
| Last Name | | | | First | | | M.I. | D.O.B. | |
| Street Address | | | | | | | Apartment/Unit # | | |
| City | | | | State | | | ZIP | | |
| Phone | | | | E-mail Address | | | | | |
| Date Available | | | | Social Security No. | | | Desired Salary | | |
| Driver's License # | | | | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | |

EDUCATION

| | | | | | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|--|--|--|
| High School | | | | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| College | | | | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| Other | | | | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |

REFERENCES

Please list three professional references.

| | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |

| PREVIOUS EMPLOYMENT | | | |
|---|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |

Once complete, please submit your application to:

Commonwealth Glass
 1 GROVE STREET
 WATERTOWN MA, 02472

-OR-

Email to: ccasey@commglass.com
 Fax: 617-926-7816