

**Fenestration Testing Laboratory Inc.  
8148 N.W. 74<sup>th</sup> Avenue  
Medley, Florida 33166**

**Employees Package**  
**Human Resource Department**



**2018**

**APPLICATION FOR EMPLOYMENT**

Fenestration Testing Laboratory Inc.  
8148 N.W. 74th Avenue Medley, Florida 33166  
Telephone (305) 885-3328 Facsimile (305) 885-3329

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, AND GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: \_\_\_\_\_  
How did you learn about the position? \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [ ] Yes [ ] No

Since reaching age 18, have you ever been convicted of or plead guilty to a misdemeanor or felony? [ ] Yes [ ] No  
(Note: We will consider your record only as it may substantially relate to the job for which you are applying.)

If yes, please provide information as to offense, date of offense or conviction and location of court. \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ] Yes [ ] No

If yes, please describe circumstances: \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

**EMPLOYMENT** (This section must be completed as employment history on resume will not suffice )  
Employment History: Completely list your last four (4) employers. Attach additional sheet if you've had more than 4 employers. Also include on the separate sheet, if you would like, any military or volunteer experience you've had.

(Most Recent First.)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**REFERENCES**

Please include employment/education references only.

Name: _____	Name: _____	Name: _____
Address _____	Address _____	Address _____
City _____ State _____	City _____ State _____	City _____ State _____
Phone Number: ( ) _____	Phone Number: ( ) _____	Phone Number: ( ) _____
Occupation _____	Occupation _____	Occupation _____
How long have you known him/her _____	How long have you known him/her _____	How long have you known him/her _____

**ACKNOWLEDGMENT AND AUTHORIZATION**

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct. I hereby authorize the employers, schools, and persons named in this application to give any information requested regarding my employability, character, and qualifications and release them from all liability for any damages for issuing this information. It is understood and agreed that any misrepresentation, false statements, or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the company. I also understand that including extraneous information not requested on this application will be sufficient reason for its rejection.

*I have read, understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time and that this company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this company.

*I have read, understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

I understand that this application will remain on file for 30 days for consideration. After 30 days, if I am still interested in a position with this company, it will be necessary for me to complete a new application form.

*I have read understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

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I understand that if hired, I may be required to take a drug and alcohol screening test to determine compliance with the company's drug and alcohol policy. I understand that this company is committed to maintaining a safe, healthy, and efficient working environment for its employees and customers by creating a drug-free and crime-free workplace. I am aware that the company may require my signature on a confidentiality and non-compete agreement as part of the hiring process. In addition, I am aware that the company may complete a criminal and traffic background check.

*I have read, understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

I have completely and accurately provided information for all areas of this application. I understand that my failure to do so will disqualify me from consideration.

*I have read, understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Authorization for a Criminal Background Investigation

In being considered for employment, or from time to time as a condition of continued employment, Fenestration Testing Laboratory may request that an investigative report be prepared, which may include information as to police record and employment references. You have the right to request that Fenestration Testing laboratory completely and accurately disclose to you the nature and scope of any such investigation if one is obtained. Such a request must be made in writing within a reasonable time after you complete an employment application or are notified that such a report has been obtained.

Fenestration Testing Laboratory requires background investigations of our employees. Should you have a criminal conviction or a pending charge involving a breach of trust or dishonest act prior to or during your employment with Fenestration Testing Laboratory, the Company may be required to suspend or terminate your employment pursuant to Federal and State regulations. If you have any concerns with regard to these matters, our preference is to discuss them prior to employment; however should such a matter arise after employment has begun, please contact us as soon thereafter as practical.

*I hereby give my consent to Fenestration Testing Laboratory, to which I am applying for employment, or by which I am employed, to investigate any past criminal history I may have. I understand that if a criminal record is discovered, Fenestration Testing Laboratory has the right to act on the results of such an investigation in accordance with applicable law. This consent shall continue to be in effect unless and until such time as I revoke it. Such revocation must be done in writing to Fenestration testing Laboratory.*

\_\_\_\_\_  
(Please Print) Last, Middle Initial, First Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address Driver

\_\_\_\_\_  
License Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
List states lived in last 10 years

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

*Internal Use Only*

\_\_\_\_\_  
Hiring Manager

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Date Faxed