



(An Equal Opportunity Employer)
EMPLOYMENT APPLICATION

Please answer all questions. If one does not apply, insert N/A (not applicable).

Last Name		First Name		Middle Initial	
Address		City		State	
				Zip	
Home Phone		Message Phone		Email Address	

Job Applied For		Date Available	
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Are You Seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer		Shifts you can work: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating		Can you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Have you the legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hire is subject to verification that the applicant is at least 18 years old and is eligible to work in the United States.	
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Will you now or in the future require employer sponsorship for employment authorization (for example, H-1B status)?
 Yes No

Have you previously been employed by JELD-WEN or one of its divisions Yes No

Position(s): _____

If Yes: Date: _____

Location(s) _____

EDUCATION

	Name	City	State	Years	Major Subject	Degree/Diploma (If Degree, identify type)
High School						
College						
College						
Graduate School						
Business/Trade/Other						

Are you currently enrolled as a student? Yes No

Are you currently taking any vocational or technical courses? Yes No

If Yes: What _____
Where _____

SKILLS

Typing

WPM _____

Please list any other special training, skills, and experience relevant to the job you are applying for (for example, on the job safety training, military training, production training, etc). Please include all manufacturing and/or office equipment you can operate.



WORK EXPERIENCE Please list your work experience beginning with your most recent job held. If you were self-employed please give your company name.

Name of Employer		Job Title	
Address	City	State	Phone
Dates Employed FROM: TO:	Name & Title of Supervisor		Reason for leaving
Brief Description of Duties:			

If still employed, may we contact this employer? YES NO

Name of Employer		Job Title	
Address	City	State	Phone
Dates Employed FROM: TO:	Name & Title of Supervisor		Reason for leaving
Brief Description of Duties:			

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REFERENCES Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. Business or job-related references are preferable.

Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone

CERTIFICATION & AGREEMENT- Read Carefully and Sign

Please read the following statements carefully before signing this application. Only those applications that are completely filled out, signed and dated are considered valid.

I certify that all answers or statements I have made in this application or other supplementary material are true and correct without omissions. I acknowledge that any false statement, misrepresentation or material omission on this application or supplementary materials may result in a refusal to hire, or an immediate dismissal if I am hired. I authorize you to contact any of my past employers, schools and personal references concerning my previous employment, education and personal history. I release this company and all persons and organizations so contacted from all claims and liabilities of any nature arising from such investigations or the supplying of such information. I understand that I will be required, and hereby agree, to submit to a drug and alcohol screening and may be required to undergo a fitness for duty exam as part of the hiring process. If hired, I agree to comply with all rules and policies established from time to time by the company. I understand, that if hired, my employment is at-will and may be terminated at any time by the company or by me, with or without cause or notice. Nothing in this application, or in any oral or written statement provided by the company to me, will limit the rights to terminate my employment at will, and no one will have authority to change the at-will relationship orally or in writing. I have read and understand the foregoing statements and accept the same as conditions of employment.

SIGNATURE OF APPLICANT _____ Date _____