



Premium Windows and Doors

**1120 38th Ave NE
Sauk Rapids, MN 56379
Phone: (320) 529-4012 Fax: (320) 251-5513**

Name _____

Date: _____

**APPLICATION
FOR
EMPLOYMENT**

**AN EQUAL EMPLOYMENT
OPPORTUNITY EMPLOYER**

Thermo-Tech Windows does not discriminate in recruiting, hiring, or terms of employment based on an individual's race, religion, color, sex, age, national origin, marital status, sexual preference, disability, genetic information, or any other characteristic prohibited by law.

APPLICANT PLEASE READ CAREFULLY:

PLEASE ANSWER ALL THE QUESTIONS ON THIS FORM TO THE BEST OF YOUR ABILITY. YOUR QUALIFICATIONS WILL BE CAREFULLY REVIEWED AND YOU WILL BE GIVEN THOROUGH CONSIDERATION FOR ANY SUITABLE VACANCIES IN THE ORGANIZATION. IF YOU ARE EMPLOYED, THIS WILL BECOME A PART OF YOUR PERMANENT PERSONNEL RECORD. KEEP THIS IN MIND AS YOU FILL IT OUT. WE APPRECIATE YOUR INTEREST AS SHOWN BY YOU FILLING OUT THIS APPLICATION. THIS INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.

PLEASE PRINT

IDENTIFICATION

LAST NAME	FIRST	MIDDLE	
PRESENT ADDRESS	CITY AND STATE	ZIP CODE	
HOME PHONE	WORK PHONE	EMAIL ADDRESS	
			DATE OF APPLICATION

POSITION DESIRED

TYPE OF WORK INTERESTED IN OR POSITION DESIRED	DATE AVAILABLE: _____	MINIMUM WAGE OR SALARY EXPECTED
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME _____ PART TIME _____ REGULAR _____ TEMPORARY _____	
HAVE YOU EVER WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? ____/____/____ WHERE? _____		

IF POSITION INVOLVES DRIVING, PLEASE PROVIDE:

DRIVERS LICENSE NO.: _____
CLASS: _____

IF YOU ARE APPLYING FOR A PRODUCTION POSITION:

ARE YOU ABLE TO LIFT 60 LBS? YES NO

Have you had any moving violations in the past five (5) years? YES NO

If Yes, explain _____

EDUCATION

ELEMENTARY OR HIGH SCHOOL:	School: _____ City: _____ State: _____
	Circle Highest Grade Attended: 1 2 3 4 5 6 7 8 9 10 11 12
	Graduate? Yes _____ No _____ G.E.D. _____

COLLEGE:	Name of College: _____ City: _____ State: _____
	Circle Highest Grade Attended: 1 2 3 4
	Graduate? Yes _____ No _____
	Major _____ Degree(s) _____

GRADUATE SCHOOL:	School: _____ City: _____ State: _____
	Graduate? Yes _____ No _____
	Major _____ Degree(s) _____

OTHER SCHOOLS ATTENDED:	School: _____ City: _____ State: _____
	Courses: _____
	Certificate or Diploma: _____

PREVIOUS WORK EXPERIENCE AND PERSONAL REFERENCES

Please list all positions held, starting with the most recent first and working backwards. Please include Summer and Military Work.
 Be complete, do not mark application with "See Resume", and account for ALL your time. Applications may be rejected if incomplete.

WORK EXPERIENCE

GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST		LENGTH OF EMPLOYMENT	
EMPLOYING FIRM: PHONE:	YOUR TITLE:	FROM: Month: _____ Year: _____	TO: Month: _____ Year: _____
ADDRESS:	SUPERVISOR	TOTAL TIME: Years: _____ Months: _____	<input type="checkbox"/> FULL-TIME OR <input type="checkbox"/> PART-TIME How many hours per week: _____
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	LAST SALARY
SPECIFIC DUTIES:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYING FIRM: PHONE:	YOUR TITLE:	FROM: Month: _____ Year: _____	TO: Month: _____ Year: _____
ADDRESS:	SUPERVISOR	TOTAL TIME: Years: _____ Months: _____	<input type="checkbox"/> FULL-TIME OR <input type="checkbox"/> PART-TIME How many hours per week: _____
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	LAST SALARY
SPECIFIC DUTIES:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYING FIRM: PHONE:	YOUR TITLE:	FROM: Month: _____ Year: _____	TO: Month: _____ Year: _____
ADDRESS:	SUPERVISOR	TOTAL TIME: Years: _____ Months: _____	<input type="checkbox"/> FULL-TIME OR <input type="checkbox"/> PART-TIME How many hours per week: _____
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	LAST SALARY
SPECIFIC DUTIES:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Describe any skills, experiences & specific accomplishments which better qualify you for this position :

REFERENCES: Please List References (Other than Relatives or friends) Who Are Familiar With Your Qualifications			
NAME	ADDRESS	PHONE	RELATIONSHIP

As an applicant, applying for employment with Thermo-Tech Windows, LLC I understand the following:

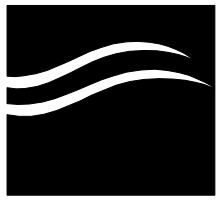
- This application will remain on active file for 90 days. If I am hired within this period, this form will be transferred to my individual personnel file.
- If I am not hired within 90 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with **Thermo-Tech Windows, LLC**.
- **Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.**
- I am required to submit to a pre-hiring physical examination in order for **Thermo-Tech Windows, LLC** to determine my physical ability to perform the job.
- **My employment is contingent upon the results of a drug/alcohol screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment.**
- **My employment is not guaranteed for any term, and my employment may be terminated by the Company or myself at any time and for any reason. No management official is authorized to make any oral assurance or promise of continued employment.**
- I also understand that nothing contained in this document, or in the granting of an interview, is intended to create an employment contract between **Thermo-Tech Windows, LLC** and myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon this Employer unless made in writing.

I hereby give **Thermo-Tech Windows, LLC** the right to make a thorough investigation of my past employment, education, driving record and references. I release from all liability those persons, schools, companies and organizations supplying such information. I indemnify this Employer against any liability which might result from making such investigation.

SIGNATURE: _____

Date: _____

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Thermo-Tech[®]

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Name: _____ Date: ___/___/___

Position Desired:

_____ Full Time _____ Part Time (at least 20 hours per week)

Please indicate the Days/Hours you are available to work:

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____