

# CLEARVIEW WINDSHIELD REPAIR, LLC.

## Section 1: PERSONAL DATA

## Contractor Application

<b>Please complete all information, even if you supply a resume. By authorizing this application you give full permission to Clearview Windshield Repair to verify by any means necessary the information provided &amp; driving, background, &amp; credit history.</b>		Date
Position(s) applied for:		
Last Name	Prefix (Dr, Mr, Ms, Mrs, Miss, etc.)	First Middle
Social Security Number		
Valid Drivers License Number/ Expiration		
Active Auto Insurance Policy Number/ Expiration		
Present Address	Home phone ( )	Work phone ( ) <i>With discretion, may we call you at work?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell phone ( )	E-mail
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Note: All offers of employment are conditioned upon satisfactory proof of applicant's identity and legal authorization to work in the United States, upon applicant's satisfactory completion of the required form, &amp; verification of application and with desired results.</i>	Availability: <input type="checkbox"/> Full time <input type="checkbox"/> Summer <input type="checkbox"/> Part time: Hours available _____ <input type="checkbox"/> Other period _____ When would you be able to start? _____	
If less than 18 years old, can you submit a work permit upon offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, on a separate sheet of paper, please describe in full, including date(s) and disposition of care (a conviction will not necessarily disqualify you from employment.)	
How did you learn of this position?		

## Section 2: EMPLOYMENT EXPERIENCE

1.	Employer	Date		Work Performed
	Address	Starting	Final	
	Employer's Phone #	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2.	Employer	Date		Work Performed
	Address	Starting	Final	
	Employer's Phone #	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

3.	Employer	Date		Work Performed
	Address	Starting	Final	
	Employer's Phone #	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

### Section 3: SKILLS

Check any skills you have developed through your education and training or through your volunteer, homemaking or traditional labor market work experience. To the left of each listed skill, mark skill level **H** High **M** Moderately High **B** Basic **L** Limited/None

Windshield Repair	Windshield Replacement	Dent Repair	Sales – Auto Industry
Wheel/ Rim Repair	Auto Paint Scratch Repair	Auto Window Tinting	Car Wash/ Detailing
Accounting	Electrical	Personal Computer Use	Microsoft Outlook
Bookkeeping	Filing	Microsoft Access	PowerPoint
Budgeting	Foreign Languages (list)	Microsoft Excel	Research
Calculator/10-key	Fund Raising	Microsoft FrontPage	Statistics
Carpentry	Grant Writing	Microsoft Project	Supervision
Community Organizing	Grounds keeping	Microsoft Publisher	Telephone/Switchboard
Counseling	Interviewing	Microsoft Visio	Typing _____ wpm
Data Entry	Maintenance	Microsoft Word	Writing
Drafting	Management	Plumbing	Other
Editing	Painting	Programming	Web Design

### Section 4: EDUCATION

Name of schools (include high school, technical, trade, certificates, licenses, military, college, and university)	Dates: mm/yy		Number of semester units	Degree(s) or diploma	Major fields of study
	From	To			
Name of School					
City/State					
Name of School					
City/State					
Name of School					
City/State					

### Section 5: PROFESSIONAL ACTIVITIES

Professional activities (memberships, offices, etc.)	Community, civic, church activities
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**Section 6: REFERENCES**

Give name, address and phone number of three professional references not related to you, **one of which should be a pastor** or individual who can speak to your involvement in your church family.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your current employer?  Yes  No

State briefly your reasons for seeking employment with Clearview Windshield Repair and any other comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 7: Agreement & Authorization**

Print Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time and for any reason. No one other than the CEO of the Employer is authorized to make an exception to the at-will employment relationship and any such exception must be in writing signed by the employee and the CEO.

As a condition of my employment, I agree to submit certain disputes related to my employment or the termination of my employment to final and binding arbitration, thus waiving any right to pursue any judicial proceedings including a right to a jury trial. I further agree to read the company's arbitration agreement and agree to be bound by the terms of that agreement.

All of the information I have given to the Employer in considering me for employment is correct. No other information has been concealed. I understand that the Employer may decide to conduct drug screenings, motor vehicle record searches and criminal background checks which formally may be considered a "consumer report" or an "investigative consumer report."

I authorize, to the fullest extent permitted by law, any such drug screening, motor vehicle record search and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, motor vehicle record search, criminal background check and other investigated matter. I understand that if the Employer hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment. I waive any right, to the extent permitted by law, to further prior notice and authorize the Employer to conduct the screening, search, background check or investigation directly or through its agents, and further authorize my former employers, references, and acquaintances to give any such information they may have regarding me.

I release and indemnify this Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, motor vehicle record search, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, if I have failed to fully complete this application, or if adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. If employed, I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements. Further, if at the termination of my employment, I owe Employer any monies, I authorize Employer to deduct any such sums owed from my final paycheck.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

