



Equal access to programs, services and employment opportunities is available to all persons without regard to age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and Local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

APPLICANT INFORMATION

First Name _____ Middle Name _____ Last Name _____ Applicant ID # _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Cellular Phone # _____ E-Mail _____
Position(s) applied for _____ Date of application _____
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____
Home Phone Cellular/Other Phone

May we contact you at work? Yes No
If yes, work number and best time to call
Phone Number _____ Time _____

If you are under 18 and it is required,
can you furnish a work permit? N/A Yes No
If no, please explain _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No
If yes, give date From _____ To _____

Is this application a request for reemployment
following an extended military leave of
absence from this company? Yes No

If yes, additional information may be requested
Are you lawfully authorized to work in the
United States? Yes No

Date available for work _____
What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired Full-Time Part-Time
Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you,
are you able to meet the attendance
requirements of the position? N/A Yes No

Will you work overtime if required? Yes No
If no, please explain _____

Are you able to perform the "essential functions" of the job for which you
are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by Law.

Yes No

Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in
the job for which you are applying

License # _____ State _____

Have you ever been bonded? Yes No

Have you entered into an agreement with any former
employer or other party (such as a noncompetition
agreement) that might, in any way, restrict
your ability to work for our company? Yes No

If Yes, please explain _____

EMPLOYMENT HISTORY

STARTING WITH YOUR MOST RECENT EMPLOYER, PROVIDE THE FOLLOWING INFORMATION.

Employer Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Starting job title/final job title _____ Dates employed _____
Immediate supervisor and title (for most recent position held) _____
May we contact for reference? YES NO LATER E-MAIL _____
Why did you Leave? _____
Summarize the type of work performed and job responsibilities _____
What did you Like most about your position? _____
What were the things you Liked least about the position? _____

Employer Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Starting job title/final job title _____ Dates employed _____
Immediate supervisor and title (for most recent position held) _____
May we contact for reference? YES NO LATER E-MAIL _____
Why did you Leave? _____
Summarize the type of work performed and job responsibilities _____
What did you Like most about your position? _____
What were the things you Liked least about the position? _____

Employer Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Starting job title/final job title _____ Dates employed _____
Immediate supervisor and title (for most recent position held) _____
May we contact for reference? YES NO LATER E-MAIL _____
Why did you Leave? _____
Summarize the type of work performed and job responsibilities _____
What did you Like most about your position? _____
What were the things you Liked least about the position? _____

EMPLOYMENT HISTORY

Explain any gaps in your employment, other than those due to personal illness, injury, or disability _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If no, please explain _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing	_____	Level	_____	Internet	_____	Level	_____
Spreadsheet	_____	Level	_____	Other	_____	Level	_____
Presentation	_____	Level	_____	Other	_____	Level	_____
E-mail	_____	Level	_____	Other	_____	Level	_____

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

SCHOOL (INCLUDE CITY AND STATE)	YEARS COMPLETED	COMPLETED	GPA CLASS RANK	MAJOR/MINOR
		Diploma GED Degree _____ Certification _____ Other _____		
		Diploma GED Degree _____ Certification _____ Other _____		
		Diploma GED Degree _____ Certification _____ Other _____		
		Diploma GED Degree _____ Certification _____ Other _____		

REFERENCES

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP	TELEPHONE	E-MAIL	KNOWN OF YEARS

RELATED INFORMATION

When answering these questions, please exclude any information that would reveal age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you?



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use may be required before hiring and during your employment here.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, TOTAL MONT LLC dba Western States Glass, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Western States Glass, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Western States Glass, does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from Western States Glass, and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Western States Glass, reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Western States Glass, is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Western States Glass president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the Western States Glass, affiliate(s) and third parties engaged by Western States Glass, to perform services for Western States Glass, Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by Western States Glass.

Western States Glass, does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____



**WESTERN STATES
GLASS**



790 West 12th Street
Long Beach, CA 90813
Phone: (562) 983-1374
Fax: (562) 590-9981
Toll-Free: (800) 859-2060

DRIVER APPLICANT RELEASE FORM

TO:
Edgewood Partners Insurance Center
19000 MacArthur Blvd, Penthouse Floor
Irvine, CA 92612
Attn: Matt Newberry

RE:
TOTAL MONT, LLC – DBA WESTERN STATES GLASS
Request for Check of Driving Record

I hereby authorize **Edgewood Partners Insurance Center** to request and release a copy of my Motor Vehicle Report, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations, to **TOTAL MONT, LLC**.

Edgewood Partners Insurance Center is authorized to disclose all information obtained in my Motor Vehicle Report for the purpose of assisting in the determination of my eligibility for employment, promotion, or any other lawful purpose. I agree that, if hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of Motor Vehicle Reports at any time during my employment or contract period.

By signing below, I certify that I have read and understand this release, that prior to signing I was given an opportunity to ask questions and to have the questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my continued employment, or my eligibility for promotion. **Edgewood Partners Insurance Center** is released from any and all liability, which may result from furnishing such information.

APPLICANT INFORMATION

First Name: _____ M.I.: _____

Last Name: _____ DOB: _____

Driver's License No: _____ State: _____

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____