



EMPLOYMENT APPLICATION

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address

City, State, Zip Code

Phone Number

(____) _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificates?

Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For _____

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours Available: from _____ to _____

What date are you available to start work?

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities:

Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title Address Phone

IN CASE OF EMERGENCY, NOTIFY: _____

PHONE#: _____

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____

CONSENT FORM

I here by authorize **PORT CITY GLASS & MIRROR, INC.** to conduct an independent investigation of my background to include credit, references, character, past employment, education, criminal or police records, driving records, including those records maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, and any criminal history record information pertaining to me which may be in the files of any state and local criminal justice agency. I release **PORT CITY GLASS & MIRROR, INC.** and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all references sources used.

Full Name (Please Print) / Maiden Name or other name used (Include year of change)

_____/_____
Signature Date

Sex: _____ Race: _____ Birth date: _____

SSN: _____ Driver's License: _____ State: _____

List all addresses for the Past Ten Years

Street/Apt	City/State/Zip/County	Date(From-To)
------------	-----------------------	---------------

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Pennsylvania National Ins. Co.
PO Box 21727
Greensboro, NC 27420

Date: _____

Driver Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____

State in which License is issued: _____

License Number: _____

By signing this form, I authorize Pennsylvania National Insurance Company and the Taylor Agency acting as their broker, to obtain information regarding my driving record from the State Department of Motor Vehicles. I understand that my use of a company vehicle in the capacity of employment with Port City Glass & Mirror, Inc. may be restricted or prohibited based on this information.

(Signature)

(Date)

**SUBSTANCE ABUSE POLICY
ACKNOWLEDGEMENT AND RELEASE FORM**

As an employee of PORT CITY GLASS & MIRROR, INC., I am subject to the SUBSTANCE ABUSE POLICY. In accordance with the terms of this policy, I understand that I may be tested for drug or alcohol use in any situation where a member of management has reasonable cause to suspect such use, if I am involved in a work-related accident, or as part of a department wide or company random drug test or any other situation covered by the SUBSTANCE ABUSE POLICY. In creating and implementing the SUBSTANCE ABUSE POLICY, management has strived not only to ensure the accuracy of testing procedures, but also to minimize the inconvenience to employees which testing might entail.

Pursuant to the SUBSTANCE ABUSE POLICY, I hereby agree that in the future, it may be necessary for me to consent to a drug/alcohol test, including the collection of blood, urine, or other samples for such testing as well as a brief physical examination. I understand that before a test is administered, I will have the opportunity to indicated medications which might affect the test results. I also understand that the results of such testing will be released to management. Management will treat all results, however, as strictly confidential, and will endeavor to ensure that results will remain confidential. I further understand that testing positive for unauthorized substances/drugs/alcohol, as well as the refusal to submit to a test, may result in my termination.

In consideration of my employment, I hereby release PORT CITY GLASS & MIRROR, INC., its officers, principals, shareholders, agents, employees, successors, assigns, subsidiaries, and all related corporate entities, of an from any and all causes of action, claims and demands whosoever arising out of any unauthorized substance, drug, or alcohol testing conducted by PORT CITY GLASS & MIRROR, INC., or arising out of any actions taken in connection with my employment by reason of the results of any substance or drug testing it conducts, or by reason of my refusal to submit to testing, negligence, breach of contract, wrongful termination, intentional infliction of emotional distress or any other causes of action under Federal, State and local law.

I have received, read, and understand PORT CITY GLASS & MIRROR, INC.'s SUBSTANCE ABUSE POLICY.

Signature

Date