|  |  |
| --- | --- |
| New Logo | Gateway Extrusions, Ltd  **704 W. Park Road**  **Union, MO 63084**  **(636) 583-7755** |

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| Position/Shift Applied | : |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you hear about Gateway Extrusions? | | | |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| **High School:** |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **College:** |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Trade:** |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list two **professional** references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## Previous Employment – List last two employers

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

**Name of person who referred you to this company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including: race, color, age, sex, religion, handicap, or national origin.

**IF HIRED BY GATEWAY EXTRUSIONS, YOU WILL BE REQUIRED TO ATTEST YOUR IDENTITY, EMPLOYEMENT ELIGIBILITY, AND SUBMIT DOCUMENTATION CONFIRMING YUR IDENTITIY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS**.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in any application or resume, and I authorize my former employers and references to disclose information regarding my: former employment, character, and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriated by the Company, and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination., which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of m employment will be that I abide by the Company’s Drug and Alcohol Policy.

I certify that my answers are true and complete to the best of my knowledge.

If this application/resume leads to employment, I understand that false, misrepresentation or misleading information in my application or interview is sufficient cause for refusal to hire, or dismissal if employed no matter when discovered by the Company.

I understand that filling out this form does not indicate there is a position open, and does not obligate the Company to hire. If hired, I agree to abide by the Company’s work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or part, at any time.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Gateway Extrusions**

# PRE-EMPLOYMENT DRUG TESTING POLICY

***(attach to job applications)***

All job applicants at Gateway Extrusions will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to lab-based or Point-of-Collection urine, hair or oral fluid test at the Company's sole discretion, and by signing a consent agreement, will release Gateway Extrusions from liability.

Any applicant with a positive test result, or who adulterates or substitutes a test sample or who attempts to do so, will be denied employment at that time. Any applicant who refuses to be tested or to provide a sample to be tested will be denied employment at that time.

Gateway Extrusions will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that Gateway Extrusions will not tolerate.

# PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to ·a drug test as part of my application for employment. I understand that either refusal to submit to a drug test or failure to qualify according to the minimum standards established by Gateway Extrusions for this drug test might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with Gateway Extrusions, I may again be required to submit to a test of my urine, hair or oral fluid. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the drug test may result in immediate suspension or termination.

In the event that employment commences prior to Gateway Extrusions receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature Date

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR THE PURPOSE OF EMPLOYMENT**

**Disclosure**

CRYSTAL WINDOW AND DOOR SYSTEMS. LID (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report (s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612. (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history, litigation history, motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service, and other information.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

.Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_