



Job Application

Personal info

Fields marked with * are required to continue and send the application

Full name *

Social Security Number *

Mailing address *

City *

State *

Zip code *

Date of birth (MM/DD/YYYY) *

Driver's license number *

Phone number *

Alternative phone

E-mail address *

Continue



Contact Us:

Phone:
+1 (407) 486-4206

E-mail:
contact@eliteglass-services.com

Job Application

Job type

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Are you unavailable to work any of these days? *

(Mark the days you can't work or mark "I have no preference")

I have no preference

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Are you looking for a part or full time job? *

(Mark an option or mark both if you don't have preference)

Part-time

Full-time

Are you looking for a day or night shift? *

(Mark an option or mark both if you don't have preference)

Day shift

Night shift

How many hours per week are looking to work? *

Date available to begin (MM/DD/YYYY) *

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Additional info

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Have you ever been employed with us in the past? *
(Mark only the correct answer)

Yes

No

Are you authorized to work in the US? *
(Mark only the correct answer)

Yes

No

Have you ever been convicted of a felony? *
(Mark only the correct answer)

Yes

No

If so, please explain:

List previous experience as a glazier:

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successfully sent

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