



Thank you for your interest in our company. We are eager to get to know you. Please fill out the following nine pages. You may email or mail them to my attention at our home office in Meridian, MS. Once again, thank you for your interest.

Sincerely,

A handwritten signature in blue ink that reads 'Sherie'. The signature is fluid and cursive, with a large initial 'S'.

Sherie Dover  
Office Manager

Glass, Inc.  
Attn: Sherie Dover  
P.O. Box 5677  
Meridian, MS 39302

# Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

A-9661 / T-32851  
11/2009

**Application for Employment**

CONTINUED ON OTHER SIDE



**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

**Remarks**

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_ GENERAL MANAGER \_\_\_\_\_



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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

**Remarks**

NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_

GENERAL MANAGER \_\_\_\_\_

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

**GLASS INC**  
**INVITATION TO SELF-IDENTIFY**

**PLEASE ANSWER THE FOLLOWING QUESTION**

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original people of Europe, the Middle East or North.

**Black or African American:** a person having origins in any of the black racial groups of Africa.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

**Refusal:** I refuse to self-identify my race/ethnicity at this time. I am aware the federal government requires this employer to determine this information by visual survey and /or other available information.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Voluntary Self-Identification of Veterans

## Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

## Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

\_\_\_\_\_  
Your Name / Z#

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Veterans

## Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

## SELF-IDENTIFICATION OF DISABILITY

*(Please read the Privacy Act information and additional instructions on Page 2)*

Name (Last, First, Middle Initial)	Date of Birth (MM/YYYY)	Social Security Number

Purpose: Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

**ENTER CODE HERE**

 

### Targeted Disabilities or Serious Health Conditions:

- 02 - Developmental Disability, for example, autism spectrum disorder
- 03 -Traumatic Brain Injury
- 19 -Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports
- 20 -Blind or serious difficulty seeing even when wearing glasses
- 31 -Missing extremities (arm, leg, hand and/or foot)
- 40 -Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- 60 -Partial or complete paralysis (any cause)
- 82 -Epilepsy or other seizure disorders
- 90 -Intellectual disability
- 91-Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- 92 -Dwarfism
- 93 -Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders.

#### Other Options:

01-I do not wish to identify my disability or serious health condition.

05-I do not have a disability or serious health condition.

06-I have a disability or serious health condition, but it is not listed on this form. **Other Disabilities or Serious Health Conditions:**

13-Speech impairment

41-Spinal abnormalities, for example, spina bifida or scoliosis



44-Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body

51-HIV Positive/AIDS

52-Morbid obesity

59-Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis

80-Cardiovascular or heart disease

81-Depression, anxiety disorder, or other psychiatric disorder

83-Blood diseases, for example, sickle cell anemia, hemophilia

84-Diabetes

85-Orthopedic impairments or osteo-arthritis

86-Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema

87-Kidney dysfunction

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**Definition**

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

**The Rehabilitation Act of 1973**

The Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.), requires each agency in the Executive Branch of the Federal government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. One method for determining agency progress in fulfilling these requirements is through the production of reports at certain intervals showing, for example, the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, OPM, and the Congress, the progress or any deficiencies within specific agencies or the Federal government as a whole in the hiring, placement, and advancement of individuals with disabilities.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to those individuals in the agency Personnel Office, who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, with the exception of employees appointed under the Schedule A Excepted Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)). Agencies will request that these employees identify their disability status and, if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees who wish to confirm the disability code carried in their agency's and OPM's personnel systems is consistent with the employees' representation, may ask their Personnel Officer for a printout of the code and definition from their individual records. The code noted in the employees' records in the agencies' system will be identical to that carried in OPM's system.

**Privacy Act Statement**

Collection of the requested information is authorized by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as a means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under the Schedule A Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under this authority fail to disclose their disability, the appropriate code will be determined from the employee's existing records or medical documentation submitted upon appointment.