



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer – M/F/V/D

Basco Manufacturing is an equal opportunity employer. Qualified Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability. All qualified applicants will be given equal opportunity and selection decisions are based on job-related factors.

GENERAL INFORMATION

Name _____ Today's Date _____
Last First Middle

Present Address _____
No. Street City State Zip

Email Address _____ Telephone _____

Are you 18 years of age or older?
 Yes No

Are you legally eligible for employment in the U.S?
 Yes No

Position applied for _____ Rate of pay expected \$ _____ per/week

Full-Time Part-Time Specify days and hours if part-time _____

Will you work any shift? Yes No If yes, shift preferred _____ If no, shift you will work _____

If your application is considered favorable, on what date will you be available for work? _____

Were you ever employed here? Yes No When? _____

Have you ever applied here before? Yes No When? _____

Have you ever been convicted of any law violation? (except a minor traffic violation) Yes No

If yes, give details _____
(A yes answer will not automatically disqualify you since the nature of the offense, date and the job you are applying for will be considered.)

Have you worked or attended school under another name? Yes No If yes, name used _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

How were you referred to us? _____

If the job requires, do you have a valid driver's license? Yes No Driver's License # _____ State _____

EDUCATION

	NAME	LOCATION	YEARS COMPLETED	MAJOR/DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER SCHOOL				
OTHER TRAINING OR SKILLS (Machines Operated, Special Courses, etc.)	_____ _____ _____			

Are there any other experiences, skills, or qualifications which you feel are related to the job for which you are applying?

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MILITARY

Are you a veteran? Yes No

Duty/specialized training: _____

EMPLOYMENT HISTORY

*Please list all history starting with present or most recent employer.
Account for all periods, including unemployment & service with the U.S. Armed Forces.*

Company Name _____	Address _____
Dates of Employment: From _____ To _____	Supervisor's Name _____
Job Title _____	Describe major duties _____
Wages: Starting \$ _____ Final \$ _____	Reason for leaving _____
Company Name _____	Address _____
Dates of Employment: From _____ To _____	Supervisor's Name _____
Job Title _____	Describe major duties _____
Wages: Starting \$ _____ Final \$ _____	Reason for leaving _____
Company Name _____	Address _____
Dates of Employment: From _____ To _____	Supervisor's Name _____
Job Title _____	Describe major duties _____
Wages: Starting \$ _____ Final \$ _____	Reason for leaving _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the application. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment for disclosing to the company or knowledge or information thereby acquired. I understand that any misleading information or incorrect statements may render this application void, and if employed, would be cause for termination.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screen as a condition of employment, if required.

I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay salary or wages dues at the time of termination.

Applicant's Signature _____ Date _____

Applicants Consent to Screen For Drugs

I, _____, desire to be considered for employment by Glassource LLC (the "Company"). In exchange for considering my applications, the Company requires a drug screen of me. Therefore, I agree to submit urine, hair, and/or breath sample for a drug screen and to otherwise cooperate with the screening process selected by Glassource LLC.

I understand that Glassource LLC will not consider my application for employment if my sample tests positive, as defined in the Glassource Handbook, or if I fail to fully cooperate in the testing procedure.

"Drugs" for purposes of this screening, means any controlled substance other than a lawfully prescribed medication, (or any exceptions in the Glassource Handbook) which has been issued to the applicant and which is being used by the applicant in accordance with current instructions from a physician.

Applicant: _____
Date

Signature

Employer: _____
Date

Signature

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Print Name: _____ Date: _____

Signature: _____

Notice to Applicants living in CA, OK or MN:

By checking this box, I request to receive a free copy of any consumer report ordered on me.

Email address: _____ **

** By entering my email address, I authorize Selection.com to deliver my report via email

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification. Selection.com's Privacy Policy can be viewed at www.Selection.com.

THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.

EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

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I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

EMAIL ADDRESS _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

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By checking this box, I request to receive a free copy of any Report ordered on me.

Email address: _____ **

** By entering my email address, I authorize Selection.com to deliver my Report via email

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***** IF FAXING OR EMAILING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING *****

Customer Number _____ Location or Store Number _____ Date Submitted _____

Contact Person _____ Phone Number _____ Position Applied For _____

Information Requested:

Combined Report: _____

Individual Reports: _____

Criminal Convictions County(s) and state(s) _____

Other: _____

This Form Provided By: Selection.com 155 Tri County Boulevard; Suite 150 Cincinnati, OH 45246 Telephone - 800.325.3609 Fax - 888.767.2435

For background check entry, send to requests@selection.com.

For employment or education verification purposes, email to releases@selection.com with the applicant's full name in the subject line.