



WERNER SYSTEMS

APPLICATION FOR EMPLOYMENT- California

Position Desired: _____ Part-time Full-time **Date:** ___/___/___

Name (Print): _____
Last First Middle

Present Address: _____
Street and Number City State Zip Code

How long have you lived there? _____ Years _____ Months

Previous Address: _____
Street and Number City State Zip Code

How long did you lived there? _____ Years _____ Months

Telephone Number: (____) ____ - ____ **Email Address** _____

Social Security Number: ____ - ____ - ____

Have you ever worked for this Company before? Yes No

If Yes, please give dates and position: _____

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account. (Does not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions).

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for ALL periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary)

<p>Present or Last Employer</p> <p>_____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Telephone (____) _____ - _____</p>	<p><u>Employed From</u> (mo/yr)</p> <p>_____</p> <p><u>To</u> (mo/yr)</p> <p>_____</p>	<p><u>Your Title or Position</u></p> <p>_____</p> <p><u>Name and Title of Last Supervisor</u></p> <p>_____</p>	<p><u>Exact Reason for Leaving</u></p> <p>_____</p>
<p>Previous Employer</p> <p>_____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Telephone (____) _____ - _____</p>	<p><u>Employed From</u> (mo/yr)</p> <p>_____</p> <p><u>To</u> (mo/yr)</p> <p>_____</p>	<p><u>Your Title or Position</u></p> <p>_____</p> <p><u>Name and Title of Last Supervisor</u></p> <p>_____</p>	<p><u>Exact Reason for Leaving</u></p> <p>_____</p>
<p>Previous Employer</p> <p>_____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Telephone (____) _____ - _____</p>	<p><u>Employed From</u> (mo/yr)</p> <p>_____</p> <p><u>To</u> (mo/yr)</p> <p>_____</p>	<p><u>Your Title or Position</u></p> <p>_____</p> <p><u>Name and Title of Last Supervisor</u></p> <p>_____</p>	<p><u>Exact Reason for Leaving</u></p> <p>_____</p>
<p>Previous Employer</p> <p>_____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Telephone (____) _____ - _____</p>	<p><u>Employed From</u> (mo/yr)</p> <p>_____</p> <p><u>To</u> (mo/yr)</p> <p>_____</p>	<p><u>Your Title or Position</u></p> <p>_____</p> <p><u>Name and Title of Last Supervisor</u></p> <p>_____</p>	<p><u>Exact Reason for Leaving</u></p> <p>_____</p>
<p>Previous Employer</p> <p>_____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Telephone (____) _____ - _____</p>	<p><u>Employed From</u> (mo/yr)</p> <p>_____</p> <p><u>To</u> (mo/yr)</p> <p>_____</p>	<p><u>Your Title or Position</u></p> <p>_____</p> <p><u>Name and Title of Last Supervisor</u></p> <p>_____</p>	<p><u>Exact Reason for Leaving</u></p> <p>_____</p>

Please explain fully any gaps in your employment history: _____

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances: _____

May we contact your current employer? Yes No

If No, please explain: _____

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname to enable a check on your work and educational record? If Yes, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

How much Glazing experience have you had? _____ months/_____ years

Are you a Glazier Apprentice? Yes No If Yes, what level? _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of Days
Year	Number of Days
Year	Number of Days

How did you learn about Werner Systems, Inc.? _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			

Graduate/Professional	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well—not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

_____ **Date**

_____ **Signature of Applicant**

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted, This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any right or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I also acknowledge that the Company utilizes a system of alternative dispute resolutions that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Right Act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with it employee benefit and health plans) may have against the other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers=Compensation Act, and Employment Development Department claims) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitrations Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act=s other mandatory and permissive rights to discovery). However nothing herein shall prevent me from filing and pursuing administrative proceedings only before the California Department of Fair Employment and Housing, or the U.S. Equal Opportunity Commission. In addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modification, to the Act=s procedures, the arbitrator shall extend the time set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.**

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to give up the benefits of arbitrating Title VII claims. []

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

Werner Systems, Inc. is an Equal Opportunity Employer.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOUT STATEMENT & AGREEMENT

SIGNATURE OF APPLICANT

DATE



Disclosure and Authorization for Consumer Report

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by **Werner Systems, Inc.**; If hired (or accepted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information as listed in the disclosure(s) signed by me for consumer reports and investigative consumer reports.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Consumer Reporting Compliance Associates, LLC. (CRCA), Phone: 800-714-3919, Fax: 714-464-6179, 1748 W. Katella Avenue, Suite 114, Orange, CA 92867, (<http://www.CRCAscreening.com>), upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.crcascreening.com

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and the DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CRCA, Phone: 800-714-3919, Fax: 714-464-6179, 1748 W. Katella Avenue, Suite 114, Orange, CA 92867, (<http://www.CRCAscreening.com>) and/or Company itself. I agree that a facsimile, electronic (including electronically signed) or photographic copy of this Authorization shall be as valid as the original.

I understand that by signing this document I am authorizing:

- I am authorizing CRCA to conduct the background check(s) described above
- By checking this box, completing this form and signing your name below, you are consenting to receive any communications (legally required or otherwise) and all changes to such communications electronically. Email correspondence that you are authorizing to receive may include but is not limited to your completed Consumer Report, 613 Notice, Pre-Adverse and Post-Adverse Action Letters, etc.
 - You can also contact us to withdraw your consent to receive any future communications electronically, by notifying us in writing, either by email at info@CRCAscreening.com or written letter submitted to CRCA, 1748 W. Katella Avenue, Suite 114, Orange, CA 92867.



Disclosure and Authorization for Consumer Report

My signature below also indicates that I have received a summary of rights in accordance with the Fair Credit Reporting Act.

Applicant's Signature _____

Print Name _____

Date _____ Other Names Used (AKA's) _____

Social Security Number _____ / _____ / _____ Date of Birth _____

Driver's License # _____ State _____

Phone Number: _____ Email: _____

Current Address _____ City _____

State _____ Zip Code _____

Previous Address _____ City _____

State _____ Zip Code _____

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted No, my current employer cannot be contacted

Applicants in California, Minnesota, or Oklahoma: I would like to obtain a copy of the report

(Note: Employer is required to mail applicant a copy if the box is checked yes.)



Disclosure and Authorization for Consumer Reports

If you are a California, Maine, Massachusetts, New York, or Washington State applicant, contractor or employee, also note:

As a **California** applicant, I understand that pursuant to section 1785.22 of the California Civil Code, I may obtain all information in the Agency file regarding myself during normal business hours (8:00am-5:00pm PST Monday-Friday). I may obtain a copy of this file, upon submitting proper identification and paying the at cost fee of copying services in one of the methods as follows: In person at the Agency offices at address listed above, or by either telephone or certified mail, if I have previously provided identification and a written request that the file be sent to me or to a third party identified by me. The Agency shall make available to me a trained personnel to explain information contained in my file, including coded information.

As a **Maine** applicant, I understand that I have the right to request information disclosing if an investigative consumer report "ICR" was requested, and if an investigative report was requested, the name and address of the consumer reporting agency furnishing the report. I may request and receive from the Company, within five business days of receipt of my request, the name, address and telephone number of the nearest unit designated to handle inquirers for the Agency supplying the ICR about me. In accordance with the Maine law, I have the right to request and receive from all applicable agencies a complete copy of any ICR about me on file.

As a **Massachusetts** applicant, I understand that I have the right to request in writing, any investigative consumer report the employer requests regarding me.

As a **New York** applicant, I understand I have the right, upon request, to be informed of whether or not a consumer report was requested, and if one is requested, I will be provided with the name and address of the consumer reporting agency furnishing the report. I may inspect and receive a copy of the report by contacting that agency. I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

As a **Washington State** applicant, I understand that if the Company requests an investigative consumer report, I have the right, upon written request made within a reasonable period of time after I receive this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. I also have the right to request from the consumer reporting agency a written summary of my rights and remedies under the Washington Fair Credit Act. I also understand that if the Company is provided a consumer report in the State of Washington, that I can contact the following office to obtain information in regards to my rights under Washington State law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave., Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.



Disclosure Regarding Consumer Report

Werner Systems, Inc., may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history (including income), or other background checks.

You have the right, upon request made within a reasonable time, to inquire whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Consumer Reporting Compliance Associates (CRCA), Phone: 800-714-3919, Fax: 714-464-6179, 1748 W. Katella Avenue, Suite 114, Orange, CA 92867, (<http://www.crcascreening.com>). To the extent permitted by law, the Company may obtain consumer reports from any outside organization throughout the course of your employment.

I acknowledge receipt of the Disclosure Regarding Consumer Report and certify that I have read and understand this document.

Applicant's Print Name _____

Applicant's Signature _____

Date _____



WOODBRIDGE GLASS
ERNER SYSTEMS

Disclosure for Investigative Consumer Report

Werner Systems, Inc., may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment. An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from person interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interview with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing or income verification. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

I acknowledge receipt of the Disclosure for Investigative Consumer Report and certify that I have read and understand this document.

Applicant's Print Name _____

Applicant's Signature _____

Date _____

EEO Applicant Data Sheet

Please complete this EEO Applicant Data sheet. It will supply us with information we need for Federal reporting obligations. Please be advised that this information, when used, will be kept confidential in accordance with applicable laws and regulations.

This information will not be used as the basis for any adverse employment decision.

Name: _____
Last First Middle

Present Address: _____ City: _____ State: _____ Zip: _____

EEO Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights and laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Applicant Signature: _____ Date: _____



Woodbridge Glass, Inc. / Werner Systems

Equal Employment Opportunity

This Company is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. Company policy prohibits unlawful discrimination based on race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, veteran status, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful.

The Company is committed to complying with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in the operations of the Company and prohibits unlawful discrimination by any employee of the Company, including supervisors and co-workers.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, the Company will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact a Company representative with day-to-day personnel responsibilities and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. The Company then will conduct an investigation to identify the barriers that make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. The Company will identify possible accommodations, if any that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, the Company will make the accommodation.

If you believe you have been subjected to any form of unlawful discrimination, provide a written complaint to your supervisor or the individual with day-to-day personnel responsibilities. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses. The Company will immediately undertake an effective, thorough and objective investigation and attempt to resolve the situation. If the Company determines that unlawful discrimination has occurred, effective remedial action will be taken commensurate with the severity of the offense. Appropriate action also will be taken to deter any future discrimination. The Company will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your co-workers.

Please print and sign your name below to acknowledge receipt of this document.

Signature

Print Name

Date