

LMB Preferred Services, llc — Employment Application

PLEASE PRINT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at the above address? _____ years and _____ months

Social Security No. _____ - _____ - _____

Telephone (____) _____ - _____

If under 18, please list age _____

Position applied for (1) _____

Salary desired (2) _____

(Be specific)

Days/hours available to work:

No Preference
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 On Call

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired (circle): FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available to start work: _____

Education/Training:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION/ADDRESS	YEARS COMPLETED	MAJOR & DEGREE
High School				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ No _____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Type: Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? Yes No

If Yes, How many? _____

Have you had any moving violations during the past three years? Yes No

If Yes, How many? _____

Please list two references other than relatives or previous employers.

Name _____
Position _____
Company _____
Address _____

Telephone _____

Name _____
Position _____
Company _____
Address _____

Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Military

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

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Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held.

If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Did you complete this application yourself Yes No

If not, who did? _____

History – (list most recent first)

1. Name of employer _____

Address _____

Employment dates _____ to _____ Name of last supervisor _____

Pay or salary Start \$ _____ per hour / Final \$ _____ per hour

City, State, Zip Code _____

Phone number _____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

2. Name of previous employer _____

Address _____

Employment dates _____ to _____ Name of last supervisor _____

Pay or salary Start \$ _____ per hour / Final \$ _____ per hour

City, State, Zip Code _____

Phone number _____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this past employer? Yes No

3. Name of previous employer _____

Address _____

Employment dates _____ to _____ Name of last supervisor _____

Pay or salary Start \$ _____ per hour / Final \$ _____ per hour

City, State, Zip Code _____

Phone number _____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this past employer? Yes No

4. Name of previous employer _____

Address _____

Employment dates _____ to _____ Name of last supervisor _____

Pay or salary Start \$ _____ per hour / Final \$ _____ per hour

City, State, Zip Code _____

Phone number _____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this past employer? Yes No

Occupational Skills

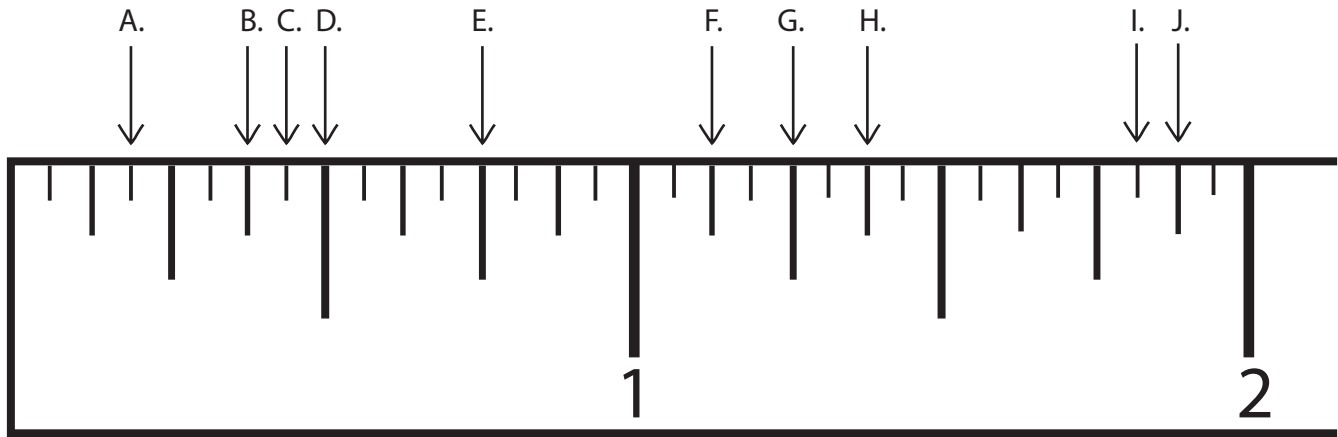
- Properly uses and maintains tools and equipment - both those owned by self or company
- Organizes work, communicates clearly, both verbally and in written form
- Performs routine activities as required per daily assignments
- Behave in a respectable manner, focus on task at hand and with quality efforts

To achieve acceptable results, accurate measuring is critical.

Ruler/Measurement Quiz

Ruler is enlarged - not actual size.

Fill in the numbers on the ruler and then specify the fractions marked A. thru J.



A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____

Trade Tools

Many tools are provided, but to properly perform job duties, you are responsible to provide the following:

Glaziers / Installers:

- | | |
|--------------------------------|--|
| Multi- Piece Screwdriver Set | Hex Key Set |
| Glass Cutter | Utility Knife |
| Putty Knife, 5-in-1 | Crescent Wrench |
| Pliers | Combination File |
| Wrench Set | Countersink Set (commercial glaziers only) |
| Scrape N' Pry Bar / Jimmy tool | Center Punch |
| Drill | Hacksaw |
| Measure Tape Ruler | Nut Driver Kit |
| Cutting Pliers | Snips |
| Wire Vise Grips | Hammer |
| Caulk Gun | Socket Set |

Helpers/Apprentices:

- | | |
|--------------------------------|-------------------|
| Multi- Piece Screwdriver Set | Hex Key Set |
| Putty Knife, 5-in-1 | Utility Knife |
| Pliers | Slip Joint Pliers |
| Scrape N' Pry Bar / Jimmy tool | Hacksaw |
| Drill | Nut Driver Kit |
| Measure Tape Ruler | Hammer |
| | Socket Set |
| | Caulk Gun |

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Employment Application Form Waiver

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Hoover Glass Services (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Hoover Glass Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Hoover Glass Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of the employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, driver history, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Print Applicant Name _____

Signature of Applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.