

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer who makes employment decisions without regard to race, color, sex, religion, national origin, age, handicap, disability, marital status and all other characteristics protected by law.

PGT Industries also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

PGT Industries is a Drug Free Workplace.

(PLEASE PRINT AND COMPLETELY ANSWER ALL OUESTIONS)

POSITION APPLIED FOR:		DATE:		
(Last Name)	(First Name)	(Middle)	(SS#)	
(Street Address)	(City)	(State/Zip)	(Phone#)	
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The you at least 10 years old:	II not, state your DOD for	clind labor law purposes of		
Are you eligible to work in the	U.S., either by Citizenship or l	I.N.S. Authorization? (Yes)_	or (No)	
Can you, within three days afte	r employment, submit docum	nentation verifying that you a	are legally eligible to work in the	
United States?				
Have you ever been convicted of	f a crime other than a traffic	violation, pleaded nolo conte	ndere (no contest) or had an adjudication	
withheld?		(A convict	ion will not necessarily disqualify you.)	
If yes, give offense in which you	were charged and date of cor	nviction of plea and jurisdict	ion.	
Have you taken any illegal drug	gs in the last 30 days?			
Have you ever applied Here bef	ore? Have you ever worl	ked here before? If yes,	provide dates:	
Are there any days, shifts or ho	urs you will not work? I	f yes, explain:		
Will you work overtime, if requ	ired?			
When will you be able to start v	vork?			
List any relatives or friends cur	rantly amployed hare			
·	, ,			
How did you learn of our comp	any?			

Experience: (1.) Start with your present or last position and work back. (2.) If you were ever employed in any position under a different name, give name used in each position. (3.) Account for periods of unemployment.

	May we contact? Yes / No	From To	Salary & Pay Period
Name of present or last employer		Month Year Month Year	Starting \$
Address			Final \$
City, State, Zip		Your Title:	
Name of title of supervisor Phone	e#	Job Duties:	
Reason for leaving			
	May we contact? Yes / No	From To Month Year Month Year	Salary & Pay Period
Name of firm or organization			Starting \$
Address			Final \$
City, State, Zip	·	Your Title:	
Name of title of supervisor Phone	e#	Job Duties:	
Reason for leaving			
	May we contact? Yes / No	From To Month Year Month Year	Salary & Pay Period
Name of firm or organization		Month Year Month Year	Starting \$
Address			Final \$
City, State, Zip	_	Your Title:	
Name of title of supervisor Phone	e#	Job Duties:	
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Address			Final \$
City, State, Zip		Your Title:	
Name of title of supervisor Phone	e#	Job Duties:	
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Name of firm or organization		Month Year Month Year	Starting \$
Address			Final \$
City, State, Zip		Your Title:	
Name of title of supervisor Phone	 -	Job Duties:	

Please explain any gaps in your employment history:		
Have you ever been discharged or forced to resign from any p	osition? (Yes) (No)_	If yes, explain:
Have you signed any non-compete or restrictive agreement wi	ith any other employer that wo	ould restrict you from working with t
Company.		
MILITARY (Complete only if you served in the Military)		
Branch of Service:	Date of Service: From_	To:
Rate at Discharge:	Date at Discharge:	
Category or nature of discharge:		
Describe any military skills, training or experience you believe		
EDUCATION (May or may not be considered, depending on	job applied for)	
Describe any educational degrees, diplomas or certificates you	u believe are relevant to the jo	ob applied for:
Describe any skills, training or experience you believe are rele	evant to the job applied for:	

^{***}If applying for a drivers position, please ask for Drivers Addendum.

^{***}If applying for a Service Representative position, a criminal background check and a check on your driving record will be done.

APPLICANTS ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document or interview will disqualify me from further consideration for employment. I further understand that, if employed any misrepresentations or omissions of facts in any application document or interview will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment with PGT Industries is at will and is not for a specific term and may be terminated by me or PGT Industries at any time. I further understand that no oral promise, PGT Industries policy, custom, business practice or other procedure (including PGT Industries Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and PGT Industries.

I understand that any employment offer is contingent upon providing appropriate medical information including, but not limited to, successfully completing a post offer medical examination and/or a drug test.

I understand PGT Industries will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I hereby release from liability all persons or employers who provide information to PGT Industries during the course of any such investigation.

I acknowledge that this application will remain active for 90 days from this date. If I have not heard from PGT Industries at the conclusion of this 90 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by PGT Industries.

Signature:	Date:

Please return completed application to: PGT Industries, P.O. Box 1529, Nokomis, FL 34274