



APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment / Unit No.  
 \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Desired Position: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No", are you authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for this company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", when?	_____
Do you have a valid US Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No", please explain why	_____
Do you have a valid CT Glazier's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>		_____
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If "Yes", please explain\*: \_\_\_\_\_

\*(1) Applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a, (2) Criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Do you consent to allow Commercial Storefront Services, Inc to perform a Background Check?  
 Yes  No  Please initial \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

## REFERENCES

*Please list three professional references*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## EMPLOYMENT HISTORY

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, please explain: \_\_\_\_\_

SARS-CoV-2 (COVID-19) POLICY

Effective January 1, 2022, all current and new employees are required to be vaccinated for the SARS-CoV-2 / Covid-19 virus as a condition of employment. Proof of vaccination status will be required at the time of hire for all new employees. By submitting your application, you acknowledge understanding of this policy and agree to provide proof of vaccination if hired.

DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge.*  
*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_