



# Thumbs Up Window Tint

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San Antonio, TX 78251  
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F 210.680.2453  
info@thumbsupwindowtint.com

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Applicant Information

First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Address (Number and Street): \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

How were you referred to Thumbs Up Window Tint?

\_\_\_\_\_  
\_\_\_\_\_

## Employment Positions

Position(s) applying for: \_\_\_\_\_

\*Refer to Job Description / Position Summary page

### Are you applying for:

Temporary work – such as summer or holiday work?  Y or  N

Regular part-time work?  Y or  N

Regular full-time work?  Y or  N

What days and hours are you available for work?

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If applying for temporary work, when will you be available?

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If hired, on what date can you start working?

\_\_\_\_/\_\_\_\_/\_\_\_\_

Can you work on the weekends?

Y or  N

Can you work evenings?

Y or  N

Desired Pay Range (By hour or salary):

\$ \_\_\_\_\_

**Personal Information:**

Have you ever applied to / worked for Thumbs Up Window Tint before?

If yes, please explain (include date):

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Do you have any friends, relatives, or acquaintances working for Thumbs Up Window Tint?

If yes, state name and relationship:

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If hired, would you have transportation to/from work?

Y or  N

Are you over the age of 18?

Y or  N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?

Y or  N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  Y or  N

If no, describe the functions that cannot be performed:

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Have you ever been convicted of a criminal offense?  Y or  N

If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case:

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## **Education, Training and Experience**

### **High School:**

School Name: \_\_\_\_\_

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

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

### **College/University:**

School Name: \_\_\_\_\_

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

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / Diploma earned: \_\_\_\_\_

**Vocational School:**

School Name: \_\_\_\_\_

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

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / Diploma earned: \_\_\_\_\_

**Military:**

Branch: \_\_\_\_\_

Rank in military: \_\_\_\_\_

Total years of service: \_\_\_\_\_

Skills/Duties: \_\_\_\_\_

**Additional Information**

Do you speak, write, or understand any foreign languages?  Y or  N

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Are you currently employed?  Y or  N

If you are currently employed, may we contact your current employer?  Y or  N

Below, please describe past and present employment positions, dating back five years.  
Please account for all periods of unemployment.

**Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position and Duties:

\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position and Duties:

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Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position and Duties:

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## References

List below three persons who have knowledge of your work performance within the last four years.  
Please include professional references only.

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_

**Please read and initial each paragraph, then sign below.**

I certify that I have not purposely withheld any information that might adversely affect my chance for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

Initial: \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Initial: \_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

Initial: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_