



# APPLICATION FOR EMPLOYMENT AT:

Equal Opportunity /  
Affirmative Action  
Employer

Capitol Aluminum and Glass Corporation 1276 W. Main St., Bellevue, OH 44811

**Email applications to [hr@capitol-windows.com](mailto:hr@capitol-windows.com)**

Minorities, women, and veterans are strongly encouraged to apply. Applicants that require reasonable accommodations in completing the application and/or interview process should notify the Human Resources Department.

## GENERAL INFORMATION

Last Name		First Name		Middle Initial	Primary Phone #
Current Address		City	State	Zip	Secondary Phone #
E-Mail Address (If applicable)			Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony within the last seven (7) years? <i>If answering yes to this question, you will not automatically be disqualified.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a means of transportation to come to work on time every day? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION

<b>Position or Type of Employment Desired</b> <input type="checkbox"/> Sales/Estimating <input type="checkbox"/> Engineering <input type="checkbox"/> Accounting <input type="checkbox"/> Administrative <input type="checkbox"/> Production Supervision <input type="checkbox"/> General Factory / Fabricator <input type="checkbox"/> Maintenance (Tool & Die) <input type="checkbox"/> Maintenance (Vehicle / CDL Driver) <input type="checkbox"/> Field Installer <input type="checkbox"/> Other _____				<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Days (First Shift) <input type="checkbox"/> Mandatory Overtime <input type="checkbox"/> Weekend (If Necessary)
Are you able to perform the essential function of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been employed here before?			
Wage Desired:		Do you know anyone who works here? If so, Who?			
Date Available to Start Work:		How did you find out about this position?			

## EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
College, Business School, Military, Trade School (Most recent first)			
Name and Location	Dates Attended Month/Year	Did you Graduate?	Subjects Studied/Major / Degree Received & Year
	From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

## VETERAN INFORMATION (Most recent)

Branch of Service & Location (City & State)	Rank	Years of Service
Duties & Responsibilities		

\*\* We participate in the Ohio Bureau of Worker's Compensation Drug Free Workplace Program. As a member company, all candidates for employment with Capitol Aluminum & Glass Corp. will be required to submit to Post offer, pre-employment Drug Test and participate in the Drug-Free Program as a condition of employment. Any employment is contingent upon the results. Candidates will be notified if subject to a background check.

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**  
**This section MUST be completed even with an attached resume.**

Employer	Telephone Number	From (Month/Year)
Address (City/State)		
Job Title	Number of Employees	To (Month/Year)
List Specific Job Duties & Any Special Training Acquired		Hours Per Week
		Last Wage
		Supervisor
		Reason for Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address (City/State)		
Job Title	Number of Employees	To (Month/Year)
List Specific Job Duties & Any Special Training Acquired		Hours Per Week
		Last Wage
		Supervisor
		Reason for Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
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		Reason for Leaving
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Employer	Telephone Number ( ) -	From (Month/Year)
Address (City/State)		
Job Title	Number of Employees	To (Month/Year)
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		Last Wage
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**SPECIAL SKILLS (Fill in only years of experience that apply)**

MANUFACTURING & CONSTRUCTION SKILLS	
General Factory / Construction	Yrs. Experience
Hand Tools	
Power Tools	
Machinery (Presses/Milling Machines/Lathes)	
Drill Presses	
Saws	
Welding (MIG/TIG)	
Experience with Metal Products	

Material Handling & Equipment Operation	Yrs. Experience
Cranes & Hoists	
Forklifts	
Other (List Specifics in Additional Space Below)	

Construction- Specific	Yrs. Experience
Framing, Doors, Windows	
Commercial Experience	
Residential Experience	

Supervision or Team Lead - Yrs. Experience:	
How many people were you responsible for?	

Maintenance	Yrs. Experience
Machining	
Millwright	
Tool & Die	
Micrometers, Calipers	
Machine repair or recondition	
Other (List)	

Computer Numeric Control	Yrs. Experience
Operator	
Programmer	

OFFICE POSITIONS/SKILLS	
Previous Job Titles Held	Yrs. Experience
Manufacturing Sales Representative	
Construction Sales Representative	
General Sales Representative	
Sales Manager	
Estimator	
Project Manager	
Accounts Representative	
Customer Service Representative (CSR)	
Administrative Assistant	
Marketing	

Officer, Manager, Leader - Yrs. Experience:	
How many people were you responsible for?	

ALL POSITIONS	
Skills Rate from 0-5 (0 = No Skill, 5 = Very Skilled)	Rate
Understand Blueprints	
Understand Measurements to 1/16"	
Understand Counting	
Reading and Writing	
Listening	
Work with co-workers	
Work with supervision	
Work without supervision	
Technical writing	
Knowledge of construction	
General Computer skills	
Microsoft Office	
AutoCAD Software – List:	
Accounting/Payroll Software	
Other Software:	

**Manufacturing and Construction positions are required to lift up to 20lbs. continuously and up to 50lbs. frequently.**

List any additional skills and/or equipment that you can operate

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**WORK-RELATED REFERENCES**

(List 1 to 3 references you have worked with or knows your work experience - professional references preferred)

Name	Business	Phone	Years Known

CAPITOL ALUMINUM & GLASS CORP. relies upon the accuracy of information in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations; falsification; or material omissions in any of this information or data may result in CAPITOL ALUMINUM & GLASS CORP's exclusion of the individual from further consideration for employment (or), if the person has been hired, immediate termination of employment will result. To ensure that individuals who join CAPITOL ALUMINUM & GLASS CORP are well qualified and have a strong potential to be productive and successful, it is the policy of CAPITOL ALUMINUM & GLASS CORP. to verify the information & check references.

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**PRE-EMPLOYMENT QUESTIONNAIRE (Please complete each question to qualify for employment.)**

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List all of you interests and skills that apply to the job description or position of interest.

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What type of things in a job interest you most?

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Describe your ideal work environment.

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Explain why Capitol should select you for an interview.

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We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to federally-protected classifications (race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by federal law), as well as any state or local laws.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Capitol Aluminum & Glass Corp. to hire me. If I am hired, I understand that either Capitol or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Capitol has the authority to make any assurance to the contrary.

I certify with my signature below that the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. I expressly authorize, without reservation, Capitol Aluminum and Glass Corp., it's representatives, employees, or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, education institutions and to otherwise verify the accuracy of all information provided by me in this application. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

I hereby waive any and all rights and claims I may have regarding the employer, its representatives, employees, or agents for seeking, gathering, and using such information in the employment process and all persons furnishing information about me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**This application is valid for two years from the date signed/dated above.**

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