



PLASTICS

APPLICATION FOR EMPLOYMENT

THE COMPANY PROVIDES EQUAL EMPLOYMENT OPPORTUNITIES TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR VETERAN STATUS IN ACCORDANCE WITH APPLICABLE LAWS.

GENERAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/yr <input type="checkbox"/> Location _____			Social Security #
Position Desired		Shift: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Any	Pay Expected
Are you eighteen years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible for employment in the United States? (Proof of employment authorization will be required if hired.) <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be able to begin work?
Have you ever been convicted of a felony? (Record of conviction does not necessarily disqualify applicant from employment, but will be considered in relation to specific job requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			How did you hear about D & M? <input type="checkbox"/> Walk-in <input type="checkbox"/> Advertisement Source _____ <input type="checkbox"/> Referral By whom _____
Type of employment you are seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If part-time, list day(s) and hour(s) available.			Are you available to work overtime including Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

Past Employment Date	EMPLOYER'S NAME/ADDRESS, PHONE NUMBER (We check all references)	YOUR DUTIES (Summarize)	SUPERVISOR'S NAME	RATE/SALARY	SPECIFIC REASON FOR LEAVING
From Mo/Yr To Mo/Yr				Starting Leaving	
From Mo/Yr To Mo/Yr				Starting Leaving	
From Mo/Yr To Mo/Yr				Starting Leaving	

EDUCATION AND TRAINING

NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED	SPECIFIC DEGREE/CERTIFICATE COMPLETED
High School	9 10 11 12	
Business or Trade School	1 2 3 4	
College or University	1 2 3 4	
Graduate Study	1 2 3 4	

REFERENCES

List those persons willing to provide personal and/or professional references.
(Do not include relatives.)

NAME	ADDRESS	TELEPHONE	OCCUPATION

Please read the following statement carefully before signing.

The information provided in this Application for Employment is true, correct, and complete. If employed, any mis-statement or omission of fact on this Application or in any interview may result in dismissal.

I understand that this Application for Employment and other company documents are not contracts of employment.

I authorize the Company to thoroughly investigate my references, personal history, work record, and other matters related to my suitability for employment. I also release the Company from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand and agree that if I am employed, my employment will be “at-will” and for no definite period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company’s President.

Please note that this Application is considered current for one year. If you want to be considered for employment after this time, you must complete another Application form.

Applicant’s Signature

Date

OFFICE USE ONLY

Comments:

