

POLY PLASTIC PRODUCTS

Non-Exempt Employment Application

An Equal Opportunity Employer

GENERAL INFORMATION

Last Name First Middle Social Security Number

Address City State Telephone No.

Prior Address City State

Position Desired Salary Expected

List any criminal convictions related to the job for which you are applying. Do not list any convictions which have been cleared from your record. (A conviction record will not necessarily bar an applicant from employment. Factors such as age and time of offense, seriousness and nature of the violations and rehabilitation will be taken into account.)

Have you ever been employed by Poly Plastic Products? Yes No If Yes, When?

What Brought you to Poly Plastic Products? Employee Ad Newspaper Other (Specify)

Application Date Availability Date

In Case of Emergency Notify: Name Address Telephone No

Are you either a U.S. Citizen or an Alien Lawfully Permitted to work in the U.S.? Yes No

Note: All new hires are required to prove eligibility to work in the U.S. in accordance with Federal Law.

If the position for which you are applying requires driving either a Company Vehicle or your own to perform your assigned duties, list the number of Traffic Violations received within the past five (5) years. (If necessary, provide an explanation.)

List membership in a community, professional or trade organization which relate to the position for which you are applying and which you wish to bring to our attention. Omit those which indicate race, religion, national origin, color or sex.

List any "Special Skills" which are related to the position you are seeking.

Physical Record: Do you have any physical limitations which prevent you from performing all of the duties of the job for which you are applying? Yes No If yes, what can be done to accommodate your limitations? (A copy of the job description is attached)

EDUCATION AND TRAINING

Name and Address of School Highest Grade Completed Grade Point Average Major Area of Study

EMPLOYMENT HISTORY: List in order of Last Employer first

Name of Company

Address City State Zip Code

Position/Title Supervisor's Name & Title

Still Employed? Yes No Dates employed: Month Yr to Month Yr

May we contact? Yes No Starting Salary Final Gross Salary

Reason for considering change

EMPLOYMENT HISTORY: Con't

Name of Company

Address **City** **State** **Zip Code**

Position/Title **Supervisor's Name & Title**

Description of work

May we contact? **Yes** **No** **Dates employed: Month** **Yr** **to Month** **Yr**

Reason for leaving **Starting Salary** **Final Gross Salary**

Name of Company

Address **City** **State** **Zip Code**

Position/Title **Supervisor's Name & Title**

Description of work

May we contact? **Yes** **No** **Dates employed: Month** **Yr** **to Month** **Yr**

Reason for leaving **Starting Salary** **Final Gross Salary**

Attach Additional Sheets if Necessary

REFERENCES (List three professional references who are not relatives)

Name	Address	Business Relationship	Phone #	Years Known

List any comments you may wish to make regarding this application. Use attached additional sheets if necessary. Omit comments which indicate race, religion, national origin, color or sex.

APPLICANT'S AUTHORIZATION - READ CAREFULLY BEFORE SIGNING

A physical examination is required of all job applicants to verify fitness to work after a job offer is extended but prior to beginning work. The result of such an examination will not be used to disqualify an applicant except to the extent that any disability discovered would, even with reasonable accommodation, preclude the safe, adequate performance of the job in question.

The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein may result in immediate dismissal.

I understand that in making this application for employment, Poly Plastic Products or any agent acting on its behalf may request an investigative consumer report containing information obtained through personal interviews with third parties such as neighbors, friends, business associates, financial sources, and acquaintances. The inquiry information as to character, general reputation, personal characteristics and mode of living, whichever may be applicable.

I further understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation.

I authorize all persons, schools, companies, corporations, law enforcement agencies and credit bureaus to release any information concerning my background, and I hereby release them from any and all claims of liability in law and in equity that may arise out of obtaining such information.

I understand that this statement does not constitute an employment contract between Poly plastic Products and me, and that my employment is for no fixed duration and can be terminated at any time with or without notice or cause for any reason not otherwise prohibited by law.

Date

Signature

THIS APPLICATION WILL BE CONSIDERED FOR TWO MONTHS FROM THE DATE IT IS SUBMITTED. SHOULD YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THIS DATE, YOU MUST SUBMIT A NEW APPLICATION.