

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION *Please complete all fields.*

Name _____ Date ____/____/____

Address _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

Are you eligible to work in the U.S? *(If no, you may be required to provide work authorization)* Yes No

Are you over the age of 18 years old? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide details _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT INFORMATION

Available Start Date ____/____/____ Salary Desired _____

Position Desired _____

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

EDUCATION	Name & location of school	# of Yrs. Attended	Degree	Subjects Studied/Major
High School				
College or University				
Trade or Business School				

EMPLOYMENT HISTORY Include the last ten (10) years of employment history. *Incomplete information may disqualify applicants from further consideration.*

From ___/___/___ To ___/___/___ Employer _____

Address _____

Supervisor Name / Title _____

Phone (_____) _____ - _____ Job Title _____

Primary job responsibilities:

1. _____

2. _____

3. _____

4. _____

Reason for leaving: _____

May we contact this employer? Yes No

From ___/___/___ To ___/___/___ Employer _____

Address _____

Supervisor Name / Title _____

Phone (_____) _____ - _____ Job Title _____

Primary job responsibilities:

1. _____

2. _____

3. _____

4. _____

Reason for leaving: _____

May we contact this employer? Yes No

From ___/___/___ To ___/___/___ Employer _____

Address _____

Supervisor Name / Title _____

Phone (_____) _____ - _____ Job Title _____

Primary job responsibilities:

1. _____

2. _____

3. _____

4. _____

Reason for leaving: _____

May we contact this employer? Yes No

From ___/___/___ To ___/___/___ Employer _____

Address _____

Supervisor Name / Title _____

Phone (_____) _____ - _____ Job Title _____

Primary job responsibilities:

1. _____

2. _____

3. _____

4. _____

Reason for leaving: _____

May we contact this employer? Yes No

From ____/____/____ To ____/____/____ Employer _____

Address _____

Supervisor Name / Title _____

Phone (_____) _____ - _____ Job Title _____

Primary job responsibilities:

1. _____

2. _____

3. _____

4. _____

Reason for leaving: _____

May we contact this employer? Yes No

Do you have any special skills, experience and/or training related to this position? If yes, explain.

Please read carefully before signing.

APS Plastics and Manufacturing is an equal opportunity employer. All qualified applicants will be considered for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

I understand that completing this application does not establish any obligation to hire me. I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and with or without prior notice. I understand that no company representative has the authority to make any assurance to the contrary.

I attest that I have given the company true and complete information on this application. I authorize the company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID FOR 60 DAYS AFTER THE DATE SIGNED ABOVE.