



Application for Employment



Hand in, fax to 937-843-4933, or email to resumes@worldclassplastics.com

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Type of employment desired: Full-Time _____ Part-Time _____ Temporary _____

Position(s) applied for: _____ Shift: _____

Address: _____

Phone #: _____ Date you will be available to start work: _____

Are you able to meet the attendance requirements? Yes _____ No _____

Do you have any objection to working overtime if necessary? Yes _____ No _____

Can you travel if required by this position? Yes _____ No _____

Have you ever been previously employed by our organization? Yes _____ No _____

Can you submit proof of legal employment authorization and identity? Yes _____ No _____

If you are under 18, can you furnish a work permit if it is required? Yes _____ No _____

Have you been convicted of a felony in the last 7 years? Yes _____ No _____

If you answered yes, please explain (a conviction will not automatically bar employment):

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position Held: _____

Address: _____ Phone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

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Address: _____ Phone #: _____

Immediate supervisor and title: _____

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Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Phone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Other Skills & Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Education History

List school name, location, years completed, course of study, and any degrees earned:

High School: _____ College: _____

Technical Training: _____ Other: _____

References

List 3 names, telephone numbers, and years known (do not include relatives or employers):

1. Name _____ Phone # _____ Years Known _____

2. Name _____ Phone # _____ Years Known _____

3. Name _____ Phone # _____ Years Known _____

I hereby authorize World Class Plastics, Inc to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, education institutions, and references. I also hereby release from liability World Class Plastics, Inc and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature _____ Date: _____