

Plastic Industries, Inc.
PO Box 332, 303 S State St, Preston, ID 83263

APPLICATION FOR EMPLOYMENT

DATE _____			
Name _____			
Last	First	Middle	Maiden
Present address _____			
Number	Street	City	State Zip
Telephone (____) _____		Email _____	
If under 18, please list age _____			
Position applying for: _____			
Salary desired \$ _____			
Employment desired <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY WORK			
How many hours can you work weekly? _____		Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you work swing shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When are you available to start work? _____			
If hired, would you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to company? _____			
Were you previously employed by us? _____		If yes, when? _____	
Do you have any friends or relatives working for company? (Name and relationship) _____			

Plastic Industries has an active and ongoing Drug Testing Program, all perspective employees must pass, without question, a drug test to be considered for employment and then periodic random drug tests after hiring.

If hired you must pass a controlled substance test, is this acceptable? Yes No
Employees are required to report to employer any and all prescriptions that may impair motor skills at time of hire.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Driver Position Only

DO YOU HAVE A COMMERCIAL CDL DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____ Expiration date _____

Date of Expiration on Medical Card: _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Occupation _____	Occupation _____
Number of years acquainted _____	Number of years acquainted _____
Telephone (____) _____	Telephone (____) _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	GRADUATE OR DEGREE
High School				
College				
Bus. or Trade School				

	BRANCH		NUMBER OF YEARS	SKILLS/DUTIES
MILITARY				

Do you have any experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Do you have forklift experience? Yes No Number of years? _____
 Power tools? Yes No
 Welding? Yes No
 Band saw? Yes No
 Automotive repairs? Yes No
 Skid loader? Yes No

Work Experience Please list your work experience for the past three years beginning with your most recent job held.

Are you currently employed? Yes No May we contact your present employer? Yes No

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
			From To
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Please Read and Initial Each Paragraph, the Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____

Applicant's Signature: _____ **Date:** _____