

RL ADAMS PLASTICS, INC

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, non-disqualifying handicap, height, weight, or other impermissible criteria.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone Number _____
(Number) (Street) (City) (Zip)

Social Security No. _____ Are you 18 years or older? Yes [] No []

Are you a U.S. citizen? Yes [] No []

If you are not a U.S. citizen, do you have the legal right to remain permanently in the United States? Yes [] No []

Is there any information we would need about your name or use of another name for us to be able to check your work record? Yes [] No [] Please specify _____

Have you been previously employed here? Yes [] No [] If yes, date(s) _____

Supervisor Name(s) _____

List any friends or relatives working here _____

What method of transportation will you use to come to work _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Circle shift(s) desired: 1st 2nd 3rd

Please list any additional information relating to special training, skills, qualifications or other experiences that relates to your ability to perform the job for which you have applied _____

Salary desired _____ Date available to start work _____

EDUCATION

Name/Location	Circle Years Completed	Diploma Degree	Courses of Study
Elementary	1 2 3 4 5 6 7 8		
High School	9 10 11 12		
College	1 2 3 4		

REFERENCES (Do not include relatives or former employers)

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

MILITARY SERVICE RECORD

Are you a veteran of the U.S. military services? Yes [] No []

Special technical training _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes [] No []

If so, where, when and nature of offense _____

Are there any felony charges currently pending against you? Yes [] No []

You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied or there is a legitimate safety concern due to the nature of the employer's business.

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures.

I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the company and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the firm as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause and with or without notice, at any time for any or no reason. I understand that my employment is and will be at will and may only be altered by a clear statement in writing and signed by me and the Chief Executive Officer of the company. I further agree that if I should bring any action or claim arising out of my employment against the company in which the company prevails, I will pay the company any and all costs incurred by the company in defense of said claims or actions, including attorneys fees. I agree that any such claim by me will and must be made or filed within six months from the date of the termination of my employment, if employment is provided.

Signature

Date

FOR OFFICE USE ONLY

Please complete the following reference on _____

Employer's Name _____

Dates of Employment _____ to _____

Title _____

Reason for Leaving _____

Job Status Full Time Part Time Temporary

Eligible for Rehire? Yes No

		Outstanding	Good	Fair	Poor
Remarks: _____	Ability	_____	_____	_____	_____
_____	Attitude	_____	_____	_____	_____
_____	Dependability	_____	_____	_____	_____
_____	Productivity	_____	_____	_____	_____
_____	Work Quality	_____	_____	_____	_____
_____	Initiative	_____	_____	_____	_____

Please note: On February 27, 1996, House Bill 5137 was passed into law. This new law protects employers that disclose to an employee, or that individual's prospective employer, information relating to the individual's job performance, which is documented in the individual's personnel file, upon the request of his/her prospective employer.

Signature: _____ Date: _____

Title: _____