

Maca Plastics, Inc

Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview should notify a representative of the Human Resources Department.

Position applied for (please specify): _____ Date ____/____/____

PERSONAL INFORMATION

Last Name:	First Name/MI:
Street:	City/State/Zip:
Telephone # ()	Social Security #:

Are you at least 18 years of age? Yes No

Have you ever applied here before? Yes No

Have you ever been employed here before? Yes No

If yes, when? From: ____/____/____ To: ____/____/____

Do you have any relatives employed here? Yes No

If yes, list their names and relationship: _____

Are you legally eligible for employment in this country? Yes No

Date available for work? ____/____/____

Shift(s) available for work? 1st 2nd 3rd

Have you been convicted of a crime in the past seven years? Yes No

If yes, please explain: _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

EMPLOYMENT HISTORY Provide the following information for your past three (3) employers, or volunteer activities, starting with the most recent.

From:	To:	Employer:	Telephone: ()
Job Title:		Address:	
Immediate Supervisor Name and Title:			
Summarized the nature of work performed and job responsibilities: _____			
Reason for Leaving: _____			
Rate of pay: Start \$	Per	Final \$	Per
From:	To:	Employer:	Telephone: ()
Job Title:		Address:	
Immediate Supervisor Name and Title:			
Summarized the nature of work performed and job responsibilities: _____			
Reason for Leaving: _____			
Rate of pay: Start \$	Per	Final \$	Per
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Job Title:		Address:	
Immediate Supervisor Name and Title:			
Summarized the nature of work performed and job responsibilities: _____			
Reason for Leaving: _____			
Rate of pay: Start \$	Per	Final \$	Per

AN EQUAL OPPORTUNITY EMPLOYER

SKILLS AND QUALIFICATIONS Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you Graduate	Major Course of Study
High School			
College			
Other			

REFERENCES Please name three (3) people not related to you

Name	Telephone	Years Known	Relationship
1.			
2.			
3.			

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYERS AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 90 DAYS. AT THE CONCLUSION OS THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NOT REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND THAT IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE 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 HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

ALL APPLICANTS MUST BE PREPARED TO PAY \$10.00 FOR A PRE-EMPLOYMENT DRUG SCREENING TEST ANYTIME FROM SUBMISSION OF APPLICATION, INTERVIEW PROCESS OR ORIENTATION. PAYMENT WOULD BE DUE AT TIME OF DRUG SCREENING. FAILURE TO COMPLY WOULD DELAY THE HIRING PROCESS.