



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

If employed, this application will become part of your permanent record.

Position Desired: _____

Date: _____

Last Name:		First Name:		Middle Initial:	SSN:
Permanent Address:				Phone:	
Current Address:				Phone:	
Drivers License #			Date of License:		
How soon could you start for work?			What starting salary or wage do you expect?		

Will you be able to perform the essential functions of the job? Yes No *If no, please identify the essential function(s) you are not able to perform, and describe any reasonable accommodation(s) which would permit you to perform the essential function(s).* _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	No. OF YEARS COMPLETED	DIPLOMA or DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

EMPLOYMENT HISTORY

List all employment, starting with present or recent employer, to include self-employment, part-time and summer jobs. If more space is required, please continue on a separate sheet.

Last or present employer		Type of Business		Title or Job Classification	
Street Address		City, State, and Zip Code		Phone No.	
Brief Description of Job Duties					
Supervisor's Name and Title		Starting Salary	Ending Salary	Dates Worked	
Reason for Leaving				From: _____ To: _____	
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Type of Business		Title or Job Classification	
Street Address		City, State, and Zip Code		Phone No.	
Brief Description of Job Duties					
Supervisor's Name and Title		Starting Salary	Ending Salary	Dates Worked	
Reason for Leaving				From: _____ To: _____	
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Type of Business		Title or Job Classification	
Street Address		City, State, and Zip Code		Phone No.	
Brief Description of Job Duties					
Supervisor's Name and Title		Starting Salary	Ending Salary	Dates Worked	
Reason for Leaving				From: _____ To: _____	
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE

Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a member of any branch of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Date Served: From: To:
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SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualification acquired from employment:

EMERGENCY CONTACT INFORMATION

Person to notify in case of an accident or emergency	Relationship	Phone Number
Address	City and State	Zip Code

Have you ever been convicted of a violation of the law other than a minor traffic violation? 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.

Applicant Certification

By signing name below:

- You certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that the intentional misrepresentations or omissions may cause for rejection of your application or subsequent dismissal if you are hired.
- You understand that WL Plastics Corporation may require the successful completion of a drug and alcohol testing as a condition of employment, and that continued employment may be based on the successful completion of similar tests.
- You understand and agree that any employment offered by WL Plastics Corporation is “at will” employment, which means my employment will be for no definite period and can be terminated at any time, for any lawful reason.
- I, the undersigned applicant for employment, understand that as part of its pre-employment process, WL Plastics Corporation requires a background check.
- I authorize WL Plastics to conduct a background check.
- I understand that employment is contingent upon the results of the background check.

Nothing contained in the interview process, this application, or WL Plastics employment policies and procedures are intended to create an employment contract between WL Plastics Corporation and you. Should this application result in your employment, you have the right to terminate your employment at any time and for any reason and WL Plastics Corporation retain a similar right.

Applicant Signature

Date