

PlastiComp Inc. Employment Application



Welcome!

PlastiComp, Inc. • 110 Galewski Drive, Winona, MN 55987

PERSONAL

Today's date _____

Name _____
Last First Middle

Address _____
Number & Street City State Zip Code

Phone Number _____ Email _____

Position Sought _____ Full Time Part Time

Date Available _____ Salary Desired _____

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School Number of Years Completed (circle one) 1 2 3 4

Diploma Yes No **G.E.D.** Yes No

School(s) _____ City/State _____

EDUCATION (Continued)

College and/or Vocational School Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training Certifications or Degrees

School(s) _____ City/State _____

Course _____ Certificate/Degree _____

COMPUTER SKILLS

Data Entry Word-Processing Microsoft Word Microsoft Excel

Other Software _____

EMPLOYMENT

Have you ever been employed in any facility of PlastiComp, Inc.? Yes No

Dates _____

If any employment was under a different name, indicate name _____

List last employer first, including U.S. Military Service.

May we contact your present employer? Yes No

Employer _____ **Address** _____

Telephone _____ **Position** _____

Dates of Employment: From _____ To _____
Month/Year Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ FT PT (Number of Hours _____)

Reason for Leaving _____

EMPLOYMENT (Continued)

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Month/Year Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ FT PT (Number of Hours _____)

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Month/Year Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ FT PT (Number of Hours _____)

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Month/Year Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ FT PT (Number of Hours _____)

Reason for Leaving _____

If you wish to describe additional work experience, please attach a resume.

Explain any gaps in work history _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain _____

REFERENCES

Professional

Personal

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

How did you find out about the position that you have applied for on this application?

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge; I authorize PlastiComp, Inc. to verify the accuracy and to obtain reference information on my work performance.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that neither the policies, rules, nor regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either PlastiComp, Inc. or I may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date _____

Completed applications can be delivered to PlastiComp offices during regular business hours,
postal mailed to our 110 Galewski Drive address, faxed to 507-858-0318,
or scanned and emailed to kathy.gerry@plasticomp.com