

VISION PLASTICS, INC.
APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Position(s) applied for _____ Date _____

Name _____
LAST FIRST M.I.

Address _____
STREET CITY STATE ZIP

Telephone # _____ Other Phone # _____ Cell Work Pager Other _____

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

Have you ever been employed here before? No Yes, dates & position: _____

Are you available to work Full-time Part-time Temporary Day shift Swing shift Graveyard shift Weekends

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers, assignments, or volunteer activities, starting with the most recent.

From	To	Employer	Telephone #
Job Title		Address	
Supervisor & Title		Job Responsibilities & Work Performed	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving			

From	To	Employer	Telephone #
Job Title		Address	
Supervisor & Title		Job Responsibilities & Work Performed	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving			

From	To	Employer	Telephone #
Job Title		Address	
Supervisor & Title		Job Responsibilities & Work Performed	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving			

From	To	Employer	Telephone #
Job Title		Address	
Supervisor & Title		Job Responsibilities & Work Performed	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving			

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	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/COURSE OF STUDY
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please list three (3) people who would be familiar with your work performance and capabilities.

NAME	TELEPHONE #	HOW YOU KNOW THEM

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that 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 for consideration for employment on a basis prohibited by local, state, or federal law.

I understand that this application remains current for only six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and 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 required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement.

Signature of Applicant _____ Date _____