



PERSONAL INFORMATION		
Name:		Date:
Current Address:		
City:	State:	ZIP Code:
Phone:	Email:	
Are you 18 years of age or older? () Yes () No		
EMPLOYMENT DESIRED		
Position:		
Date You Can Start:		Salary Desired:
Are you employed now? () Yes () No	If "yes", may we contact your current employer? () Yes () No	
Have you ever applied to this company before? () Yes () No	If "yes", when did you last apply?	
EDUCATION		
High School:		
Location:		
Did you graduate? () Yes () No	Subjects Studied / Degree(s) Received:	
College:		
Location:		
Did you graduate? () Yes () No	Subjects Studied / Degree(s) Received:	
Graduate School:		
Location:		
Did you graduate? () Yes () No	Subjects Studied / Degree(s) Received:	
GENERAL		
Job Related Skills:		
REFERENCES		
Name:		Relationship:
Email:		Phone:
Name:		Relationship:
Email:		Phone:
Name:		Relationship:
Email:		Phone:



EMPLOYMENT HISTORY

LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST

If you have a resume with all of this information, please attach it and skip this section

Name of Employer:			From:	To:
Address of Employer:				
Phone:	Position:		Salary:	
Reason for Leaving:				
Name of Employer:			From:	To:
Address of Employer:				
Phone:	Position:		Salary:	
Reason for Leaving:				
Name of Employer:			From:	To:
Address of Employer:				
Phone:	Position:		Salary:	
Reason for Leaving:				
Name of Employer:			From:	To:
Address of Employer:				
Phone:	Position:		Salary:	
Reason for Leaving:				

AUTHORIZATION:

I hereby certify that the information contained in the employment application I submit to PlastiFab is true and complete to the best of my knowledge. I understand that material omissions or falsification of this application in any detail may result in my disqualification from consideration for employment or for dismissal from employment.

I also understand that my employment is subject to a satisfactory check of references. I give PlastiFab the right to investigate the information given and to secure additional information if necessary. I authorize my previous employers, educational institutions and all other individuals and organizations listed in this application form to give information about my employment, work habits and character.

I agree that PlastiFab and my previous employers, educational institutions and all other individuals and organizations listed in this application will not be held liable in any respect if an employment offer is not made, is withdrawn, or my employment is terminated because of misrepresentations or omission of requested information.

I understand that upon offer and acceptance of a position with PlastiFab I will be required to immediately furnish documentation establishing my identity and eligibility to be legally employed in the United States.

I understand that PlastiFab is in no way obligated to provide employment and also that I am in no way obligated to accept employment, if offered. This application does not bind either party, and the statements contained herein do not constitute and should not be interpreted to constitute any sort of contract of employment for a specific period of time.

Signature:	Date:
------------	-------