



Application for Employment

Please complete this Application for Employment in its entirety.

If you need assistance in completing the employment application, or you believe you will require reasonable accommodation (e.g., interpreter) in completing the application process, please notify HR.

Personal

Name	Last	First	Middle Initial	Social security number
Present address	City	County	State	Zip or Post code
Email address	Preferred contact number		Cellular phone number	

Employment information

Desired position(s)	Salary range	Date available for employment
Available to work: <input type="checkbox"/> 1st Shift (7:00a-3:30p M-F) <input type="checkbox"/> 2nd Shift (3:30p-2:00a M-Th) <input type="checkbox"/> 3rd Shift (Fri-Sun)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
Are you at least 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied to F&M Plastics, Inc. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the Unites States on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you now or in the future require sponsorship for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?		
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Facebook <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> Agency <input type="checkbox"/> Employee referral (name _____) <input type="checkbox"/> College career site <input type="checkbox"/> Indeed <input type="checkbox"/> F&M web <input type="checkbox"/> Job/Fair (location _____)		

Education

Schools attended Name	Location (City/State)	Dates attended		Highest level completed	Degree awarded	Major/Minor
		To	From			
High School						
Community/Technical College						
University/Other						

U.S Military Service

Branch/ duty location/ dates	Military specialty	Discharge status

It is the policy of F&M Plastics, Inc. to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, F&M Plastics, Inc. will provide reasonable accommodations for qualified individuals with disabilities. "In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire."

Work Experience *(List most recent first; if you would like to provide more than 3, please see addendum at the conclusion of the application)*

Company			Start date	End date
City	State	Zip or Post Code	Phone number	
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title(s)			
Starting base salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Final base salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Other compensation (overtime pay, annual bonus, incentive pay)		
Description of your work and the industry or business				
Reason for leaving				

Company			Start date	End date
City	State	Zip or Post Code	Phone number	
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title(s)			
Starting base salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Final base salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Other compensation (overtime pay, annual bonus, incentive pay)		
Description of your work and the industry or business				
Reason for leaving				

Company			Start date	End date
City	State	Zip or Post Code	Phone number	
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title(s)			
Starting base salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Final base salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Other compensation (overtime pay, annual bonus, incentive pay)		
Description of your work and the industry or business				
Reason for leaving				

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. (Language skills, licensures, certifications, achievements, etc.)

References (Please list the names of 3 business/professional references unrelated to you, whom you have known for over a year. If you have no previous employment related references, list those whom can comment on your work skills/record.)

Name	Phone	Company Name	Year(s) Acquainted

Applicant’s Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize F&M Plastics, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release F&M Plastics, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

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 should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, 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 I or the Employer may terminate my employment at any time with or without notice or cause.

_____ Date

_____ Signature