

Education

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Please specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

From ___/___/___ to ___/___/___

Rank: _____

Present military affiliation:

- None
 Reserve (active)
 Reserve (inactive)

Nature of Discharge:

- Honorable
 General
 Dishonorable

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

If you need additional space, please continue on a separate sheet of paper.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving			May we contact?	Yes No
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving			May we contact?	Yes No
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving			May we contact?	Yes No

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Circle skills/equipment operated

Production/Mobile Machinery	Other	Computers	Software
Grinders	_____	PC	Word
Molding Machines	_____	Mac	Excel
Forklift	_____	Other _____	Other _____

State any additional information you feel may be helpful to us in considering your application

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position for which you have applied? Yes No

Please refer to a list of the essential functions involved in this position.

References

List three people, *not related to you*, whom you have known for at least one year, who could talk about your work experience.

1. Name	Title	Relationship	Phone
Address	City	State	Zip
<hr/>			
2. Name	Title	Relationship	Phone
Address	City	State	Zip
<hr/>			
3. Name	Title	Relationship	Phone

Applicant's Statement

Please read before signing

Accuracy of Information, Rules & Regulation

I certify that answers given herein are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that if hired I am required to abide by all rules and regulations of the employer.

Authorization for Release of Information

In connection with this application, I authorize my former employers, schools, law enforcement agencies, and branches of military to release information they may have about me. I release all parties supplying such information and GW Plastics from any liability arising out of the release of any such information.

Employment at Will

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I have read and have signed the Notification and Release, authorizing GW Plastics to perform a criminal background check. I have also read the GW Plastics Drugs, Alcohol and Illegal Substances policy and have signed the authorization for drug testing.

Signature of Applicant

Date