



Washington Penn Plastic Co., Inc.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE zip code

Telephone (_____) _____ Social Security Number _____
Area Code

Do you have relatives employed by Washington Penn Plastic Co., Inc.? Yes No

If yes, who? _____

Have you filed an application with Washington Penn Plastic Co., Inc.?

Yes No If Yes, give date _____

Have you ever been employed with Washington Penn Plastic Co., Inc.?

Yes No If Yes, give date _____

If employed and you are under 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No (Proof of citizenship or immigration status is required upon employment)

Are you available to work Full Time Part-time Shift Work Temporary

Are you on a layoff and subject to recall? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

*Veteran of the U.S. military service? Yes No If Yes, Branch _____
 Dates Of Service _____

*Do you have any physical, mental or medical impairment or disability that would limit your job performance for the
 position for which you are applying? Yes No

If Yes, please explain _____

Can you travel if a job requires it? Yes No Maximum percentage _____

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain _____

*Submission of this information is voluntary, will be kept confidential and will not adversely affect consideration for employment.

EDUCATION																			
	Elementary					High				College/University				Graduate/ Professional					
School Name and Location																			
Year Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4		
Diploma/Degree																			
Describe Course Of Study:																			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																			

HONORS RECEIVED: _____

List professional, trade, business or civic activities and offices held.
 (Exclude those, which indicate race, color, religion, sex or national origin): _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities Exclude organization names which indicate race, color, religion, sex or national origin

Employer	Dates Employed		Work Performed
	from	To	
Address			
Job Title	Hourly Rate or Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate or Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate or Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate of Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

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

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience _____

Give name, address and telephone number of three work-related references (preferably past supervisors).

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby authorize Washington Penn Plastic Company or their agent, to conduct a complete background check on me in order to evaluate me for employment purposes. The resulting investigative report may include, but not be limited to information concerning my character, general reputation, personal characteristics, and mode of living and financial responsibility. I further understand that I have the right to make a written request to Washington Penn Plastic Company, or their agent, to learn the complete general nature and scope of said investigative report. Therefore, I hereby authorize Washington Penn Plastic Company, or their agent, to obtain an investigative report as herein described.

This application is not intended to and does not constitute expressed or implied contractual obligations to anyone.

In the event of employment, I understand that I am an at-will employee and that I may resign my employment at any time or be terminated at any time, with or without reason.

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 I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

FOR HUMAN RESOURCE DEPARTMENT ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No

Remarks _____

INTERVIEWER DATE