



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

If employed, this application will become part of your permanent record. **Please print legibly.**

Position Desired: _____ Date: _____

Last Name:	First Name:	Middle Initial:	SSN:
Permanent Address:			Home Phone:
Current Address:			Cell Phone:
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address:
Have you worked for WL Plastics before? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your desired Salary?	How soon are you available to start?	
Do you have relatives working for the company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please name the employee(s):		
Are you being referred by an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list the employee and plant location:		

Will you be able to perform the essential functions of the job without accommodation(s)? Yes No
 (If no, please discuss your need for accommodation with the Hiring Manager for this position.)

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	No. OF YEARS COMPLETED	DIPLOMA or DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

EMPLOYMENT HISTORY

List all employment, starting with present or recent employer, to include self-employment, part-time and summer jobs. If more space is required, please continue on a separate sheet.

Last or present employer	Type of Business	Title or Job Classification
Street Address	City, State, and Zip Code	Phone No.
Brief Description of Job Duties		
Supervisor's Name and Title		Dates Worked From: _____ To: _____
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Type of Business	Title or Job Classification
Street Address	City, State, and Zip Code	Phone No.
Brief Description of Job Duties		
Supervisor's Name and Title		Dates Worked From: _____ To: _____
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Type of Business	Title or Job Classification	
Street Address	City, State, and Zip Code		Phone No.
Brief Description of Job Duties			
Supervisor's Name and Title		Dates Worked From: _____ To: _____	
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE

Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a member of any branch of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Date Served: From: _____ To: _____
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SPECIAL SKILLS AND QUALIFICATIONS

Do you read, speak, and write English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize special job-related skills and qualification acquired from employment:
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EMERGENCY CONTACT INFORMATION

Person to notify in case of an accident or emergency	Relationship	Phone Number	
Address	City and, State	Zip Code	

WL Plastics is an equal opportunity employer and makes employment decisions based on merit. We want to have the best available people in every job. Therefore, WL Plastics shall follow the spirit and intent of all federal, state, and local employment law and is committed to equal employment opportunity. Therefore, WL Plastics will not discriminate against any applicant in a manner that violates the law. WL Plastics is committed to providing equal opportunity for all employees and applicants without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, disability, political affiliation, personal appearance, family responsibilities, matriculation or any other characteristic protected under federal, state or local law. Each person is evaluated based on personal skill and merit.

Applicant Certification

By signing my name below:

- I certify all statements made by me on this application are true and complete to the best of my knowledge, and I understand intentional misrepresentations or omissions may be cause for rejection of my application or subsequent dismissal if I am hired.
- I understand WL Plastics Corporation may require the successful completion of a drug and alcohol testing as a condition of employment, and my continued employment may be based on the successful completion of similar tests.
- I understand as part of its pre-employment process, WL Plastics Corporation requires a background check. To this end, I authorize WL Plastics to conduct a background check and understand my employment is contingent upon the results of the background check.
- I understand any employment offered by WL Plastics Corporation is "at will" employment, which means my employment will be for no definite period and can be terminated at any time, for any lawful reason.

Nothing contained in this application, the interview process, or any WL Plastics employment policies and procedures are intended to create an employment contract between WL Plastics Corporation and you. Should this application result in your employment, you have the right to terminate your employment at any time and for any reason and WL Plastics Corporation retains a similar right.

Applicant Name

Date