

Allied Plastics, Inc.
Application for Employment

Pre-Employment Questionnaire
 Equal Opportunity Employer

Personal Information			Today's Date	
Name (Last, First)			Social Security No.	
Present Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
Phone No. ()	Email	Referred By		
Driver License No.			Driver License State	

In Case of Emergency Contact Information	
Name of Person to Contact	Phone Number of Emergency Contact

Employment Desired			
Position	Shift Desired <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Date you can start	Salary Desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?	

Education History				
	Name of School and Location	Years Attended	Did you Graduate?	Subjects Studied
	Elementary School			
	High School			
	College			
	Trade, Business, or correspondence school			

General Information	
Subjects of special study / research work or special training / skills	
U.S. Military or Naval Service	Rank

Former Employers (List last four employers, starting with most recent)				
Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
Supervisor Name:			Phone:	
From				
To				
Supervisor Name:			Phone:	
From				
To				
Supervisor Name:			Phone:	
From				
To				
Supervisor Name:			Phone:	

Comments:

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Application for Employment (Continued)

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References (Give the names of three persons not related to you, whom you have known for at least one year.)

Name	Phone No.	Address	Business	Years Known

Authorization

I, _____ certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Signature: _____

Interviewed by: _____ Date: _____

Pre-Employment Drug Testing Policy: *Please Read Carefully*

All job applicants at Allied Plastics, Inc. (Allied) will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to lab-based or Point-of-Collection urine, hair or oral fluid test at Allied's sole discretion, and by signing a consent agreement, will release Allied from liability. Any applicant with a positive test result, or who adulterates or substitutes a test sample or who attempts to do so, will be denied employment at that time. Any applicant who refuses to be tested or to provide a sample to be tested will be denied employment at any time. Allied will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

I, _____ freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to a drug test or failure to qualify according to the minimum standards established by Allied for this drug test might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with Allied, I may again be required to submit to a test of my urine, hair or oral fluid. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the drug test may result in immediate suspension or termination.

In the event that employment commences prior to Allied receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

In addition to drug testing, Allied may obtain one or more of the following reports:
 Consumer Report, Criminal Background Check, Motor Vehicle Report.

Date: _____ Signature: _____

Print Name: _____

Do Not Write Below This Line

Remarks

For Office Use Only

Neatness		Character		
Personality		Ability		
Date Hired:	For Dept.	Position	Will report to:	Salary / Wages:
Department Manager Approval:				Date: