

# PLEIGER PLASTICS COMPANY



# Application for Employment

**498 Crile Road  
Washington, PA 15310  
Tel: (724) 228-2244  
Fax: (724) 228-2253**

Pleiger Plastics Company makes all personnel decisions, including hiring, on job related factors such as skill, ability, availability, licensure, reliability, and productivity. Pleiger Plastics Company does not discriminate on the basis of age, race, sex, color, creed, national origin or disability. **We are a drug-free workplace.**

**Instructions:** Complete all sections of this application. Applications are considered for a period of six (6) months from the date of application. If you wish to be considered after six (6) months from the date of your application, please reapply. Do not fill in shaded areas. Please do not include information not relevant to your ability to perform the work, such as political affiliations, age, race, sex, national origin, or non-job related disability, union affiliation and the like or your application will not be considered.

## PERSONAL INFORMATION

Name	Last	First	Middle
Address	Street		
	City	State	Zip
	Phone: Home		Work
Social Security Number:			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number: _____			
Are you a U.S. citizen, lawful permanent resident or otherwise authorized to work in the U.S. without restriction?			
<input type="checkbox"/> Yes <input type="checkbox"/> No You must provide proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act.			

## TYPE OF EMPLOYMENT DESIRED

Position(s)	1	2
Availability	If offered a job, when could you begin? Date: _____	
Salary/Hourly Wage Rate	What is the approximate salary/hourly rate you expect to be paid? \$_____ per _____	
Hours	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotate <input type="checkbox"/> Weekends	

## EDUCATION

High School	Name	City	State
	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No or have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical School	Name	City	State
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree or Area of Study:
College Undergraduate	Name	City	State
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree: Year Major:
College Postgraduate	Name	City	State
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree: Year Major:

## CERTIFICATIONS

If you have any certificate related to the job you are seeking, please specify:

Type	State Issued	Yr. Issued / Exp. Date	Number

**EXPERIENCE**

Have you ever served in the Armed Forces of the United States?  Yes  No  
If yes, state: Branch \_\_\_\_\_ Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_  
Rank or Rate \_\_\_\_\_ Service schools or special experience \_\_\_\_\_  
\_\_\_\_\_  
Reserve or National Guard status \_\_\_\_\_

Have you ever been fired or asked to resign from a job?  
 Yes  No

Are you at least 18 years old?  
 Yes  No

List below your last three employers. List current situation first. This section must be completed even if you submit a resume.

Present or most recent employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor (Name and Title) \_\_\_\_\_  
May we contact this employer?  Yes  No If "no" why not? \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position or duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor (Name and Title) \_\_\_\_\_  
May we contact this employer?  Yes  No If "no" why not? \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position or duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Immediate Supervisor (Name and Title) \_\_\_\_\_  
May we contact this employer?  Yes  No If "no" why not? \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position or duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

How were you referred to us?  Newspaper  Employment Agency  Walk-In  
 Other \_\_\_\_\_  Employee Referral (name) \_\_\_\_\_

## REFERENCES

Please provide the names of three persons not related to you whom you have known at least one year.

Name	Occupation	Address	Phone Day Night	Contacted by (Pleiger Use)
Name	Occupation	Address	Phone Day Night	Contacted by (Pleiger Use)
Name	Occupation	Address	Phone Day Night	Contacted by (Pleiger Use)

## Complete this section only if you have ever been convicted of a felony or misdemeanor.

List every felony conviction with date and jurisdiction. List all other convictions involving assault, arson, unlawful restraint, burglary, robbery, forgery, and any other convictions for offenses against persons or property. Do not include convictions for summary offenses. It is your responsibility to ensure that all convictions requested above are properly reported. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. List any circumstances that you believe should be considered.

**PLEASE READ AND ACKNOWLEDGE THE FOLLOWING STATEMENT BY INITIALING AFTER EACH PARAGRAPH AND SIGNING BELOW**

My signature and initials below indicate that I have read, understand and agree to the following: (Please initial each paragraph)

I have provided true and complete information in this application. Incomplete or false information, whenever discovered, may terminate my employment or consideration for employment. \_\_\_\_\_

I authorize Pleiger Plastics Company to verify my suitability for employment and the information provided in this application with any person or organization listed in this application. \_\_\_\_\_

In exchange for Pleiger Plastics Company's consideration of this application, I release Pleiger Plastics Company and any persons, employers or organizations listed in this application from all claims or liability for providing information or opinions to Pleiger Plastics Company \_\_\_\_\_

I understand that if I am offered employment at Pleiger Plastics Company, the offer will be conditioned upon passing a complete medical examination. I consent to such a medical examination including all tests believed by Pleiger Plastics Company to be helpful in evaluating my suitability for employment. I release all medical information requested by Pleiger Plastics Company to help it determine my capability to do the work for which I am applying. \_\_\_\_\_

I understand that as a condition of employment, I am required to pass a drug-screening exam. I consent to pre as well as post employment drug screening. \_\_\_\_\_

Neither this application nor subsequent employment creates a contract or a guaranty of employment for any period of time. Employment at Pleiger Plastics Company continues only as long as both I, and Pleiger Plastics Company desire. Any modification of this arrangement must be in writing signed by the President of Pleiger Plastics Company \_\_\_\_\_

This application shall remain active for six (6) months from today's date. \_\_\_\_\_

Regardless of my starting work schedule, I understand that I may be asked to work different shifts, weekends, and holidays. A refusal to do such work may result in my dismissal. My position with Pleiger Plastics Company is my primary job. Schedule conflicts or continued unavailability to work may lead to discipline including termination. \_\_\_\_\_

No representative of Pleiger Plastics Company has made any representations or promises regarding my employment. \_\_\_\_\_

If employed, I will follow all of Pleiger Plastics Company's policies. My failure to do so could result in termination. \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**AUTHORIZATION TO PROVIDE INFORMATION AND RELEASE OF PROVIDERS**

I authorize all my previous employers, educational institutions, or personal references to provide Pleiger Plastics Company information regarding my personal character, habits, or employment records, including salary history. I hereby release Pleiger Plastics Company and any and all persons or organizations contained by Pleiger Plastics Company and all claims or causes of action arising out of the release of information to Pleiger Plastics Company verification of the information I have provided in this Application. I authorize Pleiger Plastics Company to use copies of this Release of Records.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date