

APPLICATION FOR EMPLOYMENT

REESE ENTERPRISE, INC. / ASTRO PLASTICS

Position applying for: _____ **Date:** _____

PERSONAL INFORMATION:

Name (<i>Last, First, Middle</i>):	Social Security Number
Street Address / City / State / Zip Code:	
Telephone Number:	Cell / Other:
E-mail Address:	
Are you 18 years of age or older? <input type="checkbox"/> Yes - <input type="checkbox"/> No	Do you have a current, valid driver's license? <input type="checkbox"/> Yes - <input type="checkbox"/> No
Driver's License Number:	
Are you a U.S. citizen or legally eligible to work in the United States? <input type="checkbox"/> Yes - <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes - <input type="checkbox"/> No	
Do you have any relatives who work for the Company? <input type="checkbox"/> Yes - <input type="checkbox"/> No If yes, who(m)?	
Have you previously worked for the Company? <input type="checkbox"/> Yes - <input type="checkbox"/> No If yes, please provide dates and position(s)	

AVAILABILITY, EMPLOYMENT DESIRED, & REFERRAL SOURCE:

Date available for work _____ / _____ / _____	What is your desired salary range? \$ _____
Shifts available to work (Check all that apply):	
<input type="checkbox"/> 1 st shift (7:00 a.m. - 3:30 p.m. M-F)	<input type="checkbox"/> 2 nd shift (3:00 p.m. - 11:30 p.m. M-F)
<input type="checkbox"/> 3 rd shift (11:00 p.m. - 7:30 a.m. M- Sat. morning)	
How did you hear about us? (If on the Internet, please list website) _____	

EDUCATION / TRAINING:

TYPE OF SCHOOL	NAME / LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE RECEIVED
High School				
Technical				
College / University				

SKILLS & QUALIFICATIONS:

Summarize any special training, skills, licenses, and / or certificates that may assist you in performing the job duties of the position for which you are applying:

EMPLOYMENT HISTORY: Starting with your most recent employer, please provide the following information. *Incomplete information could disqualify you from further consideration.*

PRESENT OR LAST EMPLOYER		ADDRESS / CITY / STATE / ZIP	
SUPERVISOR NAME & TITLE		TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES - <input type="checkbox"/> NO IF NO, REASON:
JOB TITLE(S)		DATES EMPLOYED (MONTH / YEAR) FROM ____/____/____ TO ____/____/____	
REASON FOR LEAVING			
SPECIFIC DUTIES			
PREVIOUS EMPLOYER		ADDRESS / CITY / STATE / ZIP	
SUPERVISOR NAME & TITLE		TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES - <input type="checkbox"/> NO IF NO, REASON:
JOB TITLE(S)		DATES EMPLOYED (MONTH / YEAR) FROM ____/____/____ TO ____/____/____	
REASON FOR LEAVING			
SPECIFIC DUTIES			
PRESENT OR LAST EMPLOYER		ADDRESS / CITY / STATE / ZIP	
SUPERVISOR NAME & TITLE		TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES - <input type="checkbox"/> NO IF NO, REASON:
JOB TITLE(S)		DATES EMPLOYED (MONTH / YEAR) FROM ____/____/____ TO ____/____/____	
REASON FOR LEAVING			
SPECIFIC DUTIES			

Please use the space below to explain any gaps in employment.

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding this employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains valid for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____