

# Hi-TECH PLASTICS, Inc.

SPECIALTY STRETCH FILMS

1700 Badger Road • Kaukauna, WI 54130

## APPLICATION FOR EMPLOYMENT

### EEO Statement

*We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, disability, marital, sexual preference, gender identity, veteran status, or any other legally protected status.*

Position Desired:		Date available for work:	
Last Name	First Name	Middle Name	
Present Address (Number & Street)	Apt. #/Lot	Home Phone (     )	
City	State	Zip Code	Mobile Phone (     )
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Best time to reach you?		Email Address

### EDUCATION and TRAINING

	Name of School	Location	Major Area of Study	Graduated	Degree
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you have not completed high school, do you have a GED equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Vocational				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list any position-relevant information not covered above (software, systems, machine, equipment, etc. as well as trade or professional licenses, or certifications).

**WORK EXPERIENCE:** Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. Indicate any changes in job title under same employer as a separate position. Add additional sheets if necessary.

Employer	Employer Address
Your Title	Name & Phone Number of Supervisor
Reason for Leaving	Wage
Your Duties	From (Month & Year)      To (Month & Year)      Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	<b>May we contact this employer as a reference?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer	Employer Address
Your Title	Name & Phone Number of Supervisor
Reason for Leaving	Wage
Your Duties	From (Month & Year)      To (Month & Year)      Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	<b>May we contact this employer as a reference?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer	Employer Address
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Reason for Leaving	Wage
Your Duties	From (Month & Year)      To (Month & Year)      Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	<b>May we contact this employer as a reference?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer	Employer Address
Your Title	Name & Phone Number of Supervisor
Reason for Leaving	Wage
Your Duties	From (Month & Year)      To (Month & Year)      Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	<b>May we contact this employer as a reference?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

**Applicant's Statement**

I certify that all information provided is true and complete without any omissions or misrepresentations of any kind. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. 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 that if offered a position with Hi-Tech Plastics, Inc., I may be required to submit to a pre-employment background check and a pre-employment drug test as a condition of employment. I understand these unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment checks will result in withdrawal of any employment offer or termination of employment if already employed.

**Print Name**

**Signature of Applicant**

**Date**

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