



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address (if different than above):

Mailing Address

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email: _____

Position Applied for: _____

How did you hear about this position?

- Job Search Site: _____ Employee Referral: _____ (Name)
- Company Website Employment Agency Other: _____

Date Available: _____ Desired Salary: \$ _____

Can you work overtime, including some weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you require sponsorship to maintain work authorization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and where?		
Do you have a relative(s) working for Dallas Plastics Corporation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, provide name(s):		

Have you ever been terminated from employment or asked to resign by an employer? YES NO

If yes, explain: _____



EMPLOYMENT APPLICATION

EDUCATION

	School Name, City & State	# of Years Attended	Graduated?	Degree Received	Subjects Studied / Major
High School					
College/University					
College/University					
Trade or Business School					

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this supervisor for a reference? YES NO

Company: _____ Phone: _____



EMPLOYMENT APPLICATION

Address: _____ Supervisor: _____

From: _____ To: _____ Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this supervisor for a reference? YES NO

REFERENCES

Please list three professional references not related to you and have known at least one year.

Full Name: _____ Relationship: _____
 Company: _____ Years Acquainted: _____
 Phone & Email Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Years Acquainted: _____
 Phone & Email Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Years Acquainted: _____
 Phone & Email Address: _____

DISCLAIMER AND SIGNATURE

Dallas Plastics, LLC considers applicants for all positions based on qualifications and without regard to race, religion, color, sex, gender identity, sexual orientation, age, non-disqualifying physical or mental disability, national origin, veteran status or any other basis covered by appropriate law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Dallas Plastics, LLC to hire me. If I am hired, I understand that either Dallas Plastics, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Dallas Plastics, LLC true and complete information on this application. No requested information has been concealed. All offers of employment at the Company are contingent upon clear results of a thorough background check and/or drug screen. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ Date: _____