



# DICKTEN MASCH PLASTICS

OUR EXPERTISE. YOUR ADVANTAGE.

Equal Opportunity Employer

## Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.  
(Application must be completed in full even if attaching a resume.)

DATE OF APPLICATION \_\_\_\_\_

### PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
OTHER NAME(S) USED IN PAST EMPLOYMENT OR EDUCATION RECORDS						
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG	MESSAGE TELEPHONE #

### GENERAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- WHAT IS THE BEST WAY TO GET IN CONTACT WITH YOU? \_\_\_\_\_
- WHAT PHONE # SHOULD WE CONTACT TO SET UP INTERVIEW? \_\_\_\_\_
- WHAT DAYS/TIMES ARE YOU AVAILABLE TO INTERVIEW? \_\_\_\_\_
- BEST TIME TO CONTACT YOU TO SET UP AN INTERVIEW \_\_\_\_\_
- HOW WERE YOU REFERRED (NEWSPAPER, FRIEND, ETC.)? \_\_\_\_\_
- ARE YOU AT LEAST 18 YEARS OF AGE? (CIRCLE ONE) YES NO
- POSITION APPLYING FOR \_\_\_\_\_ FULL-TIME PART-TIME
- SHIFTS WILLING TO WORK (CIRCLE THOSE THAT APPLY): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> ANY  
WHAT SHIFT WOULD BE YOUR PREFERENCE? 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup>
- ARE YOU AVAILABLE FOR DAILY OVERTIME AND/OR WEEKEND WORK? YES NO
- WILL TRANSPORTATION TO AND FROM WORK BE A PROBLEM FOR YOU? YES NO
- HOW MANY UNAUTHORIZED ABSENCES OR TARDINESSES TO WORK DID YOU HAVE DURING THE PAST YEAR? \_\_\_\_\_ PLEASE LIST REASONS BELOW:  
\_\_\_\_\_  
\_\_\_\_\_

12. WHEN ARE YOU AVAILABLE TO START EMPLOYMENT? \_\_\_\_\_

13. PAY EXPECTED \$\_\_\_\_\_ PER HOUR \$\_\_\_\_\_ ANNUAL

14. HAVE YOU EVER WORKED FOR THIS COMPANY? YES OR NO IF YES, DATES \_\_\_\_\_

15. HAVE YOU EVER APPLIED WITH THIS COMPANY? YES OR NO IF YES, DATE \_\_\_\_\_

16. HAVE YOU EVER BEEN CONVICTED OF A CRIME OR CRIMINAL OFFENSE (excluding non-criminal traffic violations or any sealed or expunged convictions)? YES OR NO

IF "YES," IDENTIFY EACH AND EVERY CONVICTION, THE DATE OF THE CONVICTION, AND THE COURT(S) THAT ENTERED THE CONVICTION: \_\_\_\_\_  
\_\_\_\_\_

ARE THERE CURRENTLY ANY CRIMINAL CHARGES PENDING AGAINST YOU? YES OR NO

IF "YES," PLEASE EXPLAIN: \_\_\_\_\_

**NOTICE:** Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the position for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of your employment.

17. ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  
(PLEASE CIRCLE) YES OR NO

18. LIST ANY FRIENDS OR RELATIVES WHO ARE NOW OR HAVE BEEN EMPLOYED BY THIS COMPANY:

19. HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?  
(PLEASE CIRCLE) YES OR NO  
IF YES, PLEASE EXPLAIN:

20. HAVE YOU EVER SERVED IN THE U.S. MILITARY? (PLEASE CIRCLE) YES OR NO

LENGTH OF SERVICE - # OF MOS. \_\_\_\_ OR # OF YEARS \_\_\_\_ BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

ARE YOU CURRENTLY IN THE RESERVES OR NATIONAL GUARD? (PLEASE CIRCLE) YES OR NO

MILITARY TRAINING RECEIVED  
\_\_\_\_\_

21. PLEASE USE THIS SPACE TO LIST ANY ADDITIONAL INFORMATION THAT WOULD HELP US EVALUATE YOUR SKILLS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

**BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT  
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

<b>1</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES
		MO.	YR.			
NAME OF COMPANY				\$	REASON FOR LEAVING (Please Explain)	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES
		MO.	YR.			
NAME OF COMPANY				\$	REASON FOR LEAVING (Please Explain)	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES
		MO.	YR.			
NAME OF COMPANY				\$	REASON FOR LEAVING (Please Explain)	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

## EMPLOYMENT HISTORY Continued...

<b>4</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
NAME OF COMPANY				\$	REASON FOR LEAVING (Please Explain)		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
NAME OF COMPANY				\$	REASON FOR LEAVING (Please Explain)		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>6</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
NAME OF COMPANY				\$	REASON FOR LEAVING (Please Explain)		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	



## Invitation to Identify for EEO Purposes - Applicant

**TO ALL APPLICANTS:**

Our company is an Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence.**

*Thank you for your cooperation in this important initiative.*

*Dickten Masch Plastics abides by the requirements of federal laws which prohibit discrimination to employ and advance in employment qualified individuals with the following legally protected status: race, color, religion, sex, national origin (per Executive Order 11246).*

**PART I. General Information**

Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: Referral Source: Please indicate how you heard about this opening**

- |   |  |  |   |                                      |
|---|--|--|---|--------------------------------------|
| <input type="checkbox"/> Company website          | <input type="checkbox"/> Job board               | <input type="checkbox"/> Newspaper         | <input type="checkbox"/> Temp agency        | <input type="checkbox"/> Search firm |
| <input type="checkbox"/> Educational institution  | <input type="checkbox"/> Walk-in                 | <input type="checkbox"/> Employee referral | <input type="checkbox"/> College Recruiting |                                      |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> State employment agency | <input type="checkbox"/> Other _____       |   |                                      |

**PART III. Gender, Ethnicity and Race Information:**

**Gender**

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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**Ethnicity**

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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**Race**

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment <input type="checkbox"/> Black or African American Not Hispanic or Latino: a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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