

# APPLICATION FOR EMPLOYMENT

Crown Plastics Co., Inc. 116 May Drive Harrison OH, 45030

(513) 367-0238

Date \_\_\_\_\_

Interviewed By: \_\_\_\_\_

## Personal Information

Last Name	First Name	Middle	Social Security Number	
Street Address			Apartment No.	
City	State	Zip	Home Telephone	Business Telephone

## Employment

Have you ever applied for employment with us?  Yes  No If yes: Month and Year \_\_\_\_\_

Have you ever worked for this company before?  Yes  No If yes: Month and Year \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Who referred you to this company?  Employment Agency  Newspaper Advertising  State Employment Office

Friend  College Placement Service  Walk In  Other Description \_\_\_\_\_

State the names of friends or relatives who are working for us. \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Desired \_\_\_\_\_

Are you available for full time work?  Yes  No

What shifts can you work? \_\_\_\_\_ Will you work overtime if asked?  Yes  No

Do you have limitations physical or otherwise that will limit you in this position. \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No Are you a U.S. Citizen?  Yes  No

Have you been convicted of a criminal offence?  No  Yes Explain (Will not necessarily exclude you from consideration)

When will you be available to begin work? \_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_

List any membership in professional or public organizations \_\_\_\_\_

## Education

School	Name and Location of School	Subjects Studied/ Degree	Years Attended	Did you Graduate	Year Of Graduation
Grammar School					
High School					
Business/Trade/ Technical					
College					
Graduate					

## References

Give the names of three persons who are not related to you who have known your work skills for at least one year.

Name	Address	Business Name	Telephone	Years Acquainted

## Military Service

Have you Served in the U.S. Armed Forces?  Yes  No What Branch \_\_\_\_\_ M.O.S. \_\_\_\_\_

Describe any training relevant to the position for which you are applying.

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Date of discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_

# Employment History

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name			Telephone	
Address			Starting Date	Starting Pay
City	State	Zip	Ending Date	Ending Pay
Job Title	Name of Supervisor		Description of job duties	
Reason for Leaving				
			May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name			Telephone	
Address			Starting Date	Starting Pay
City	State	Zip	Ending Date	Ending Pay
Job Title	Name of Supervisor		Description of job duties	
Reason for Leaving				
			May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name			Telephone	
Address			Starting Date	Starting Pay
City	State	Zip	Ending Date	Ending Pay
Job Title	Name of Supervisor		Description of job duties	
Reason for Leaving				
			May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Authorization

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS OF DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE

DATE

DO NOT WRITE ON THIS PAGE  
FOR EMPLOYERS USE ONLY

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

### Reference Check

Company	Person Contacted	Results

<b>Approvals</b>	Position		
Department Manager	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> <td style="width: 50%; border-bottom: 1px solid black;">Hire Date</td> </tr> </table>	Date	Hire Date
Date	Hire Date		
Employment Manager	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> <td style="width: 50%; border-bottom: 1px solid black;">Salary/Wages</td> </tr> </table>	Date	Salary/Wages
Date	Salary/Wages		