

MIDLAND PLASTICS, INC.**5405 South Westridge Court****New Berlin, WI 53151****Phone: (262) 938-7000, Fax: (262)938-7010****APPLICATION FOR EMPLOYMENT**

Midland Plastics, Inc. (the "Company") is an equal opportunity employer. Accordingly, it is the policy of the Company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, marital status, disability or any other basis protected by federal, state or local law. Furthermore, the Company makes reasonable accommodation to the known physical or mental limitations of otherwise qualified applicants and employees with a disability, unless such accommodation would impose an undue hardship on our operations. Applicants who need accommodation or assistance in completing the application process should promptly notify the Human Resources Department.

PLEASE PRINT PLAINLY - BE SURE TO SIGN THIS APPLICATION

Date: _____ Position(s) applied for: _____

_____ Full Time _____ Part Time If part-time what times/days available? _____ Shift Preference _____ 1 _____ 2 _____ 3

Date available to start: _____ Earnings requirement \$ _____

Referral Source: _____ Advertisement _____ Employee _____ Relative _____ Government Employment Agency
_____ Walk-in _____ Private Employment Agency/Temporary Service _____ OtherName of Source: _____
=====Name: _____
LAST FIRST MIDDLEAddress: _____
NUMBER STREET CITY STATE ZIPHome Phone: () _____ Cell Phone: () _____ Alternate Phone: () _____
The best time to call you is: _____

Are you currently employed? _____ Yes _____ No May we contact your current employer? _____ Yes _____ No

Have you been previously **employed by** Midland Plastics, Inc.? _____ Yes _____ No
If yes, when (month and year)? _____ in what capacity? _____Have you ever **applied for** employment with Midland Plastics, Inc. before? _____ Yes _____ No
If yes, when (month and year): _____Are you at least 18 years of age? _____ Yes _____ No *If no, your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work for which you are applying and you have obtained a valid work permit.*Are you legally authorized to work in the United States? _____ Yes _____ No *If hired, you will be required to provide proof of U.S. work authorization.*

Are you willing to re-locate if the job requires it? _____ Yes _____ No Will you travel if the job requires it? _____ Yes _____ No

Will you work overtime if required? _____ Yes _____ No

Have you ever been convicted of or pled guilty or no contest to any crime (felony or misdemeanor)? _____ Yes _____ No *If yes, please explain (1) nature of crime, (2) date of conviction, and (3) state in which convicted.* _____Are there any pending criminal charges against you? _____ Yes _____ No *If yes, please explain (1) nature of the charges, (2) date issued, and (3) county and state where issued.* _____**NOTE: Convictions or pending charges are given consideration *only if the offense is substantially related to the job opening. All circumstances will be considered.***

EMPLOYMENT HISTORY

Important! Please give accurate and complete information. Start with present or most recent employer and use an additional sheet if paper, if necessary. Explain any gaps in employment in the comments section below:

EMPLOYER	TELEPHONE ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
		\$ PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
		\$ PER	
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ADDRESS			
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IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
		\$ PER	

Comments (include explanation of any gaps in employment):

EDUCATION

	<u>Name and Location of School</u>	<u>No.\Years Completed</u>	<u>Degree\ Diploma</u>	<u>GPA Class Rank</u>	<u>Major/Minor Area Of Study</u>
High School	_____	_____	_____	_____	_____
Post High School/ College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

List any special skills, training, licenses, certificates or qualifications which you feel are relevant to the job for which you are applying:

REFERENCES

List the name and telephone number of three **PROFESSIONAL (NOT PERSONAL)** employment references that are familiar with your qualifications for the position for which you are applying. Omit relatives and personal friends.

NAME	RELATIONSHIP TO YOU	PHONE
NAME	RELATIONSHIP TO YOU	PHONE
NAME	RELATIONSHIP TO YOU	PHONE

***Please read the following statements carefully
before signing this Application for Employment***

I certify that all information contained in this Application for Employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of any kind may result in denial of my employment or be cause for subsequent dismissal if I am hired.

I authorize Midland Plastics, Inc. to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that Midland Plastics, Inc. strives to maintain a drug-free work environment and that, if I receive an offer of employment, my employment will be contingent upon my successful passing of a drug test. I understand that refusal to submit to the drug test, failing to cooperate in connection with such testing, or testing positive for any illegal drug will result in the denial of my employment with Midland Plastics, Inc. By signing below, I hereby authorize Midland Plastics, Inc. and/or its selected health care provider/testing facility to obtain specimens for testing for the presence of drugs and to release the results of such tests to Midland Plastics, Inc.

Regardless of whether I become employed by Midland Plastics, Inc., I recognize that this Application for Employment is not and should not be considered a contract of employment. If I am hired, I understand that employment at Midland Plastics, Inc. would be on an “at-will” basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the option of Midland Plastics, Inc., unless specifically provided otherwise in a written employment contract. I further understand that no employee or representative of Midland Plastics, Inc. has the authority to enter into a contract regarding the duration or terms and conditions of employment other than the President, Vice President or Human Resources Director and then only by means of signed, written document entitled “Employment Agreement”.

I understand that this Application for Employment will remain on file for thirty (30) days for consideration. If, after thirty (30) days, I am still interested in being considered for a position with Midland Plastics, Inc., I must complete and submit a new Application for Employment for such position.

Signature

Date

AFFIRMATIVE ACTION

VOLUNTARY INFORMATION

Midland Plastics, Inc. considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, disability, marital or veteran status or any other status protected by federal, state or local law. We comply with all applicable federal, state and local laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

We ask you to complete this form so we can comply with requirements regarding government recordkeeping, reporting and other legal obligations. Providing us with this information is **VOLUNTARY**. This information will not be used for interview purposes or in any hiring decision.

This form is not part of your official application for employment and it will be kept separately from your application. The information will be kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Referral Source

☐ Walk-in ☐ Government Employment Agency
☐ Employee ☐ Private Employment Agency
☐ Relative ☐ School
☐ Advertisement – Source _____ ☐ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Phone # () _____

LAST

FIRST

MIDDLE

Address _____

STREET

CITY

STATE

ZIP CODE

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

☐ White ☐ Asian
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Hispanic or Latino ☐ Two or more races
☐ American Indian/Alaskan Native

PLEASE COMPLETE AND RETURN TO THE HUMAN RESOURCES DEPARTMENT.