

Elite Mold and Engineering, Inc.

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for			
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years old or older? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Will you now or in the future require sponsorship for employment visa status? (e.g., H-1B, TN.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EDUCATION			
High School	City, State		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
College	City, State		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
Vocational	City, State		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
City, State	
Full Name	Relationship
Company	Phone ()
City, State	
Full Name	Relationship
Company	Phone ()
City, State	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
City, State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
City, State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
City, State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	
Duties Performed	

If I am filling out this form electronically, I agree that my digital signature below indicates acceptance of the terms below.

DISCLAIMER AND SIGNATURE	
<p>I verify that the information given by me in this application is true, accurate, and complete. I understand that if I have given any false information on this application or if I have omitted any material facts, I may be disqualified from employment with the company, or if hired, I may be discharged immediately upon discovery of such false statements or omissions.</p> <p>I understand that, if hired, my employment is at-will, meaning that either the employer or I may terminate the employment relationship at any time with or without notice and with or without cause. This provision supersedes any oral or written representations to the contrary, unless the written statement is signed by the CEO of the company.</p> <p>I hereby authorize my current and former employers to release any information contained in my personnel file or otherwise known by them to Elite Plastic Products, Inc. I specifically release from liability any current or former employers, their agents, representatives, employees, officers or directors, for giving such information to Elite Plastic Products, Inc.</p> <p>I agree that any claim or lawsuit relating to my service with the company must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.</p>	
Signature	Date