



POLYJOHN®

there when you need us

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Cell Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Secondary Phone: (____) _____ - _____			
Are you 18 or over? ____ Yes ____ No	Have you applied here before? ____ Yes ____ No If yes, when? _____		
Circle the position you are applying for: Machine Operator Material Handler General Labor (Finishing / Assembly) Any opening	Are you currently employed? ____ Yes ____ No If so, may we contact your present employer? ____ Yes ____ No		
Have you been previously employed by PolyJohn Enterprises? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Were you referred to PolyJohn by a current employee? ____ Yes ____ No If Yes, list names and relationship to you:			
Date Available to start work:	Will you work overtime if asked? ____ Yes ____ No Can you work 2 nd shift? ____ Yes ____ No Can you work 3rd shift? ____ Yes ____ No		

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Technical or Certificate Programs			

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Name of Supervisor:	Job Duties:	
Telephone:		
May we contact? ___ Yes ___ No		
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Name of Supervisor:	Job Duties:	
Telephone:		
May we contact? ___ Yes ___ No		
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Name of Supervisor: Telephone: May we contact? ___ Yes ___ No	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

TO BE READ AND SIGNED BY THE APPLICANT

1. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

2. PolyJohn Enterprises conducts pre-employment screening. All offers are contingent upon successful completion of a controlled substances test and/or physical examination.
3. PolyJohn Enterprises is an Equal Opportunity Employer. It is the policy of PolyJohn Enterprises not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.
4. PolyJohn Enterprises will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities
5. I have read and reviewed the information provided in this application and the above statements. I certify that the information contained in the application is true and complete to the best of my knowledge and understand that if employed, falsified statements may result in termination.
6. I understand and agree that, if hired, my employment is at-will. This means that if I am hired, either the Company or I can end the employment relationship at any time for any or no reason.

Applicant Signature

Date