



syfan

Manufacturing Inc.

Employment Application

How were you referred to us: _____ Date: _____

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Full name: _____
(FIRST) (LAST) (MIDDLE)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile/Other: _____ Email: _____

Availability:

Jobs applying For: _____

Date Available to Start: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Day-Shift Night-Shift

Are you willing to work any shift day or night? Yes No

Do you have a dependable source of transportation? Yes No Please let us know so that we can try and work something out.

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Military Service:

Have you served in the Armed Forces of the State or the United States: YES NO

Do you wish to declare a service-connected disability: YES NO

Give dates of your qualifying active military service:

Entered:_____ Seperated:_____ Branch:_____ Rank:_____

Are you a member of the Military Reserves? YES NO Branch:_____ Rank:_____

Summarize any special qualifications or experience related to the position applied for:

EDUCATION

Please circle highest completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: 1 2 3 4 Graduate School: 1 2 3 4

School	Location	Dates Attended	Graduated YES NO	Degree Received
			YES NO	
			YES NO	
			YES NO	
			YES NO	

List any Licenses or Certifications: _____

SKILLS

Check the following skills in which you have:

<input type="checkbox"/>	Management Skills	<input type="checkbox"/>	Machine Operator
<input type="checkbox"/>	Plastic Extrusion	<input type="checkbox"/>	Quality Control
<input type="checkbox"/>	Plastic Printing	<input type="checkbox"/>	Forklift Operator
<input type="checkbox"/>	Plastic Converting/Slitting	<input type="checkbox"/>	Computer Skills

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___

Position(s) Held: _____

Firm:_____ Address:_____

Phone: (____)_____ Supervisor: _____ Title: _____

Responsibilities:_____

Starting Salary and Title:_____ Ending Salary and Title:_____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___

Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___

Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

I understand that Syfan Manufacturing employees are employed at an "employee-at-will" status. This means that employment may be terminated with or without cause and/or advance notice by either the employer or the employee. However, termination by the employer may not occur due to discrimination prohibited by law.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____