



Application for Employment

Form/Tec Plastics, SHIELDS Windshields & Designs
 1000 Industrial Dr. Martinsville, IN 46151
 765-342-2300



Personal information

Date: ____ / ____ / ____

Name _____	SOCIAL SECURITY # ____ - ____ - ____
Last First MI	
Present Address _____	
Street	City State
Preferred Phone # _____	Referred by _____
Secondary Phone # _____	

Position _____	Date you can start ____ / ____ / ____	salary desired \$ _____
Production shift you can work? <input type="checkbox"/> 1 st (7:30 -4:15) <input type="checkbox"/> 2 nd (2:45-10:45 pm)		
Are you currently employed? Yes / No If yes, where? _____		
Can we inquire with your present employer? Yes /No Phone # _____		

Education	Name and location of school	Years attended	Date graduated	subjects studied
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____
	_____	_____	_____	_____

Are you authorized to work in the United States? **Yes** **No**

Are you able to perform any/all job functions without limitations? **Yes** **No**

Have you ever been convicted of a crime? **Yes** **No**

The age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who is at least 40 but less than 65 years of age.

General

Subjects of special study or research _____	
Foreign Language/ you speak fluently? _____	Read _____ Write _____
U.S. military or _____ Rank _____	Present Membership in _____
Naval Service _____	National Guard or Reserves _____

Continue on other side

Former Employers

Date, month and year	Name and address of employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References: Give the names of 3 persons not related to you, whom you have known at least one year.

Name	Address	Business	Years acquainted
1.			
2.			
3.			

In case of an
Emergency notify _____
Name address phone #

Relationship _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT

MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Date: _____ Signature _____

OFFICE Use only below this line

Interviewed by: _____ Date: _____

Remarks: _____

Neatness		Character	
Personality		Ability	

Hired _____ Dept. _____ Position _____ Will report _____ Wages _____ Salary _____

Approved 1 _____ 2 _____
OP/PL Manager Company President

This form has been designed to strictly comply with State and Federal fair employment practice laws.