

Port Erie Plastics, Inc. Application For Employment

Port Erie Plastics is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, sexual orientation, gender identity, marital status, national origin, disability or handicap, or veteran status. This application for employment is good for 6 months only.

Consideration for employment after 6 months requires a new application.

		I	Persona	l Record		
Name:						(mm/dd/yyyy)
	Last		Fir	rst	Middle	Date
Address:						
	Number :	and Street		City	State	Zip Code
Home Phone #:	-	-	F	mail Address	:	
Cell Phone #:	-	-				
Are you at least 1	8 years of	age?	Yes N	lo		
Are you legally e (If offered employmen Yes	C	- •	vide document	ation to verify elig	ribility.)	
			Educa	tion		
Elementary Scho		Yes	No		lect Highest de Completed	
High School:				Select Highest Grade Completed		
Did you g	raduate?	Yes	No			
College or Unive	ersity:			D	ate of Graduation:	(mm/dd/yyyy)
	Degree			Major		
Apprentice, Voc	ational, Bu	isiness or G	raduate Sch	ool?		
Other training, f	actory or o	ffice machin	nes operate	d?		

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Job Interest

Position Desired: Wage Desired: \$ Days/Hours Available To Work **Desired Shift:** First Second Date Available to Begin: Third How many hours a I have no preference week can you work weekly? I am seeking a: Full-time Job Yes Part-time Job Cam you work weekends? No Full- or Part-time Job Military Record Unsure No Branch: Yes Have you ever served in the U.S. Armed Forces? Rank or Rate: Number of Years: Service schools / Special Experience: Reserve or National Guard Status: **Transportation** Port Erie Plastics, Inc. has partnered with Infinity Resources to provide transportation services to and from the plant. If transportation resources are

needed, please contact HR for further information.

Employment History (Most Recent)

End Date: Start Date:

Yes May we contact your previous employer?

Employer: **Immediate Supervisor**

No

and Title: Position Held:

Employer Address:

Summarize the nature of the work and responsibilities: Reason for Leaving:

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signature

(mm/dd/yyyy)

Date

Port Erie Plastics Conducts Post - Employment Drug Screening

I have read Port Erie Plastics' Drug and Alcohol Abuse Policy. I understand that I have been asked by the Company to submit a sample of my urine for chemical analysis pursuant to the Policy. I further understand that the purpose of this analysis is to determine the presence or absence of illegal drugs.

I consent freely and voluntarily to the Company's request for this specimen. I hereby release and hold harmless the Company and its employees and agents from any liability whatsoever arising from this request to furnish my specimen and the testing of my specimen.

I also hereby consent to the testing laboratory providing to the Company the results of the test.

I fully understand that a positive test result will result in immediate termination from Port Erie Plastics.

Signature

(mm/dd/yyyy)

Date

Port Erie Plastics Is A Tobacco Free Facility

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