



# IRONWOOD PLASTICS, INC.

## APPLICATION FOR EMPLOYMENT

Federal and/or State laws prohibit discrimination in employment because of race, color, religion, sex, National origin, age, height, weight, marital status, citizenship, veteran status, disability or any other protected category.)

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Type of Employment (check all that would apply): Full Time starting when: \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal  
Shift Preference (check all that would apply) Days \_\_\_\_\_ Afternoons \_\_\_\_\_ Nights \_\_\_\_\_  
Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally authorized to work in the United States? Yes No\_

Have you worked for us before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and what was your final position?  
\_\_\_\_\_

Have you ever been in any branch of the Military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was your rank upon discharge? \_\_\_\_\_ Type of discharge? \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Duties \_\_\_\_\_

(NOTE: A dishonorable discharge from the military will not necessarily disqualify you from employment.)

### EQUAL OPPORTUNITY

Ironwood Plastics' procedures are in compliance with Title VII of the Civil Rights Acts of 1964 and the Revised Order Number 4, Michigan and Wisconsin Civil Rights Act, and the Michigan and Wisconsin Handicappers Civil Rights Act. The employment procedures of Ironwood Plastics are in conformance with these and all laws which apply to its business and its employees. There shall be fair and equal opportunity for all, with no discrimination because of disability, race, color, religion, sex, national origin, age, marital status, height, weight, or any other protected category.

In addition, Ironwood Plastics will provide equal opportunity for the advancement of employees, including upgrading, promotion and training, wages and other compensation, transfer and reduction, social and recreational programs, employee facilities and termination and will administer these activities in a manner that will not discriminate against any employee because of disability, race, color, religion, sex, national origin, age, marital status,

height, weight or any other protected category

(I) EMPLOYMENT HISTORY - (Indicate all employers beginning with most recent employer. Continue on separate sheet if Necessary.)

Employed From: \_\_\_\_\_

To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Starting Position: \_\_\_\_\_

Starting Pay: \_\_\_\_\_

Final Position: \_\_\_\_\_

Final Pay: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief description of duties performed: \_\_\_\_\_

Reason for leaving or termination: \_\_\_\_\_

If you are still employed by the above, may we contact? \_\_\_\_\_

(2) EMPLOYMENT HISTORY

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Starting Pay: \_\_\_\_\_

Final Position: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief description of duties performed: \_\_\_\_\_

Reason for leaving or termination: \_\_\_\_\_

If you are still employed by the above, may we contact? \_\_\_\_\_

(3) EMPLOYMENT HISTORY

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Starting Position: \_\_\_\_\_ Starting Pay: \_\_\_\_\_

Final Position: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief description of duties performed: \_\_\_\_\_

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Reason for leaving or termination:

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If you are still employed by the above, may we contact? \_\_\_\_\_

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(4) EMPLOYMENT HISTORY

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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Starting Position: \_\_\_\_\_ Starting Pay: \_\_\_\_\_

Final Position: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief description of duties performed: \_\_\_\_\_

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Reason for leaving or termination:

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If you are still employed by the above, may we contact? \_\_\_\_\_

RECORD OF EDUCATION

Indicate any educational achievements you have earned. (Check all that apply.)

High School Diploma \_\_\_\_\_ GED \_\_\_\_\_ Technical Certificate \_\_\_\_\_ Associates Degree \_\_\_\_\_ Bachelor of Science \_\_\_\_\_

Bachelor of Arts \_\_\_\_\_ Masters Degree \_\_\_\_\_ Doctorate \_\_\_\_\_

Personal References

(List people that are not related or living with you and have known you for at least one year.)

Name	Address	Phone	Business	Years Acquainted

Please read carefully. Sign and date below.

Handicapped employees and applicants may request an accommodation of their handicap by notifying Ironwood Plastics, Inc. in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Ironwood Plastics, Inc. may preclude any claim that the employer failed to accommodate the handicapper.

I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records.

I certify that the information in this Application is correct to the best of my knowledge and understand that falsification, misrepresentation, or omission of this information may result in rejection of this application or immediate dismissal if I am hired by Ironwood Plastics, Inc.

I authorize Ironwood Plastics, Inc. to make whatever inquiries it may deem necessary in collection with my application for employment. As part of such inquiries, Ironwood Plastics, Inc. has my permission to contact persons who may have information relating to my qualifications for employment. I agree to release Ironwood Plastics, Inc. and all parties from any liability from any damages that may result from furnishing such information.

In consideration of my employment, I agree to conform to the rules and regulations of Ironwood Plastics, Inc. and I agree that my employment and compensation can be terminated with or without cause or without notice at the option of either Ironwood Plastics, Inc. or myself. I understand that no officer or representative of Ironwood Plastics, Inc. has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President and any such agreement must be made in writing directed to me personally, and signed by the President. I further acknowledge that no one has made any representations of statements contrary to the company's AT-Will Policy to me either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

I understand Ironwood Plastics, Inc. may require pre-employment drug testing at any time by a designated physician. I agree to the terms of each and all of the above statements.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_