



An Equal Opportunity Employer

For Office Use Only:			Dept: _____	File #:
Reg	Seas	FT	Start Date: _____	
Position: _____				
Rate: _____				

America's Leading Plastics Profile Extruder

Application for Employment

Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. All applications will be considered current for 1 year. You must complete a new application after 1 year to be reconsidered for employment. If you become an employee of Deceuninck NA, this application will become part of your permanent record with this company. Keep this in mind as you complete it. You are not required to supply any information that is prohibited by Federal, State or Local law.

Personal Information				DATE
Last Name	First Name	Middle Name	Social Security Number	Home Phone Number
Address		City/State	Zip Code	Alternate Phone Number
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email Address _____
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you now or will you in the future require employer sponsorship of a US immigration classification? _____
Position Desired <input type="checkbox"/> Production <input type="checkbox"/> Shipping/Warehouse <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Professional/Technical <input type="checkbox"/> Management <input type="checkbox"/> Other _____				
Shift Preferred <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> No Preference			Type <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp/Seasonal	
How were you referred to us? <input type="checkbox"/> School <input type="checkbox"/> Walk In <input type="checkbox"/> Internet Ad <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Employee-Who _____				
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			Salary Expected _____	
Answer the following questions for all positions requiring the use of a company vehicle:				
Have you ever been convicted of a moving traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				
Have your driving privileges ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				

Education

School	Name & Location	Course of Study	Circle Last Year Completed	Graduate?	Degree/Diploma
High			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Service			(Number of Yrs.) _____	Rank at Discharge: _____	

Have you ever been convicted of a crime? Yes No This includes any criminal conviction that occurred after your eighteenth (18) birthday. If yes, please explain the circumstances in the space provided below. A felony conviction will not automatically exclude you from consideration. Failure to disclose a criminal conviction may result in your termination if you are hired.

Employment Experience List below all present and past employment, beginning with your most recent employer. Please use an additional

sheet if necessary. Employers will be contacted unless you check the box "Please do not contact this employer."

1. Employer	Street Address, City, State, Zip		Phone		Supervisor's Name	
Job Title	Reason for Leaving	Start Date	End Date	Starting Pay Rate	Ending Pay Rate	Full/Part Time

Please do not contact this employer. Why not? _____

2. Employer	Street Address, City, State, Zip		Phone		Supervisor's Name	
Job Title	Reason for Leaving	Start Date	End Date	Starting Pay Rate	Ending Pay Rate	Full/Part Time

Please do not contact this employer. Why not? _____

3. Employer	Street Address, City, State, Zip		Phone		Supervisor's Name	
Job Title	Reason for Leaving	Start Date	End Date	Starting Pay Rate	Ending Pay Rate	Full/Part Time

Please do not contact this employer. Why not? _____

4. Employer	Street Address, City, State, Zip		Phone		Supervisor's Name	
Job Title	Reason for Leaving	Start Date	End Date	Starting Pay Rate	Ending Pay Rate	Full/Part Time

Please do not contact this employer. Why not? _____

Please list any special skills applicable to the position for which you have applied: _____

Conditions of Employment

To Applicant: Read this information carefully and sign below.

This company does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, disability or any other characteristic prohibited by law.

1. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
2. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either this company or me. I understand that no representative of this company has the authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
3. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
4. I understand that I may be required to submit to a pre-employment and post-employment test for medical exams and/or substance abuse, if not prohibited by law. I hereby authorize that the results of such medical tests be released to this company.
5. I agree to hold Deceuninck North America, its agents, officers and employees harmless from, and waive all existing and future claims for any and all liability arising in connection with the substance abuse testing and background checks described in items 3 and 4 above.
6. Upon separation of employment, I authorize this company to withhold from my final pay check any monies owed to them by me.
7. I agree that any claim or lawsuit relating to my service with Deceuninck North America or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____

Date _____