

Molded Products, Inc.

1112 Chatburn Avenue Harlan, IA 51537 (712) 755-5557

Email: sales@moldedproducts.com

Application for Employment

Applicant Information					
		Date			
		Telephone			
How were you re	How were you referred to the company?				
When will you b	When will you be available to begin work?				
	Available	to work evenings?			
vailable to work overtime, if asked?		Available to work weekends?			
		l/or special training received	d)		
Did you graduat	e?				
Type of degree/	Type of degree/diploma				
Did you graduate	Did you graduate?				
Type of degree/	Type of degree/diploma				
Did you graduat	Did you graduate?				
Type of degree/	Type of degree/diploma				
Did you graduate	Did you graduate?				
Type of degree/	Type of degree/diploma				
Military S	ervice				
?		at branch?			
•					
Skills/Duties					
	How were you re When will you b If you graduat Type of degree/ Did you graduat Type of degree/	How were you referred to the continuous When will you be available to be Available Available Available Did you graduate? Type of degree/diploma Did you graduate?	Telephone How were you referred to the company? When will you be available to begin work? Available to work evenings? Available to work weekends? Q (please list all schools attended and/or special training received Did you graduate? Type of degree/diploma Did you graduate? Type of degree/diploma		

	Employme	nt History	
Below please describe past an	d present employment positions, starting all periods of ur		Please date back five years, and account for
Company Name		Te	elephone
Address		Length of Emplo	pyment (include dates)
Position Title	Name of Supervisor	l .	Starting Pay
Reason for Leaving			Ending pay
Description of Duties			May we Contact? Y N
Company Name		T	elephone
Address		Length of Emplo	pyment (include dates)
Position Title	Name of Supervisor		Starting Pay
Reason for Leaving			Ending pay
Description of Duties			May we Contact? Y N
Company Name		Te	elephone
Address		Length of Emplo	pyment (include dates)
Position Title	Name of Supervisor		Starting Pay
Reason for Leaving			Ending pay
Description of Duties			May we Contact? Y N
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Position Title	Name of Supervisor		Starting Pay
Reason for Leaving			Ending pay
Description of Duties			May we Contact? Y N
Company Name		Т	elephone
Address		Length of Emplo	pyment (include dates)
Position Title	Name of Supervisor		Starting Pay
Reason for Leaving			Ending pay
Description of Duties			May we Contact? Y N

References					
List the names of persons who have knowledge of your work performance.					
Name	Relationship				
Telephone Number	Number of years acquainted				
Name	Relationship				
Telephone Number	Number of years acquainted				
Name	Relationship				
Telephone Number	Number of years acquainted				
Personal Information					
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y N					
If hired, would you be able to present evidence of your citizenship/proof of your legal right to work in the United States? Y N					
If hired, are you willing to submit to and pass a controlled substance test? YN					
If hired, are you willing to submit to and pass a physical examination requiring you, among other things, to lift a minimum of 50 pounds?					
Do you have any friends/relatives working for the company? If so state name and relationship:	Y N				
Do you possess a valid drivers license? Y N					
Have you ever been convicted of a criminal offense? (felony or misdemeanor) If yes, please describe the crime along with when and where convicted:	Y N				
Applicant Acknowledgement Please read carefully and sign bel	low:				
I certify that I have not purposely withheld any information that might adversely affect that the answers given by me are true and correct to the best of my knowledge and material fact on this application or on any document used to secure employment of if employed by the company, cause for immediate termination. I agree and unders my employment will be "at-will", for an indefinite period of time, and maybe termination of either the company or myself. I hereby authorize Molded Products, Inc. that and personal history though any investigative agency/agencies of its choice. In additional employers and all other persons, corporations and/or partnerships from any and all in any way related to such examination or revelation.	ect my chances for hiring. I attest to the fact d ability. I understand that any omission of an be grounds for rejection of the application or, stand that if I am hired by Molded Products, Inc., ated at any time, with or without notice, at the to make any investigation of my employment didition, I release the company, my former				
plicant's Signature Date					

Employer Statement

Molded Products is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Molded Products complies with the ADA and will consider reasonable accommodation measures that may be necessary for applicants/employees to perform essential functions.