



301 North 22nd Street
P.O. Box 950
Fairfield, IA 52556

We are an Equal Opportunity Employer

Date:

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)	Mobile Telephone ()
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Email Address:	Home Telephone ()
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Are you at least 18 years old? Yes No
 If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit

Are you legally authorized to work in the U.S.? Yes No
 (If hired, you will be required to provide proof of work authorization)

Have you ever applied at this company before?
 Yes No If yes, when:

Have you taken any Project Lead the Way (PLTW) courses? Yes No
 If yes, please list the course names:

Agri-Industrial Plastics recommends the National Career Readiness Certificate (NCRC) for employment with our company. Do you have a National Career Readiness Certificate? Yes No
 If yes, please list what level:

Have you served in the Military? Yes No

Position Applying For:

How were you referred to our company? Employment Agency Website
 Friend/Relative - If yes, name of person: Social Media Other

Education

School	Name & Location (city, state)	Number of Years Attended	Major Subjects	Diploma or Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History (start with most recent: use separate sheet if necessary)	
Name of Employer:	Telephone ()
Address (street, city, state, zip code)	
Job Title:	Employment Dates (month and year) From: To:
Name of Immediate Supervisor:	
Description of Duties:	
Reason for Leaving:	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Telephone ()
Address (street, city, state, zip code)	
Job Title:	Employment Dates (month and year) From: To:
Name of Immediate Supervisor:	
Description of Duties:	
Reason for Leaving:	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Telephone ()
Address (street, city, state, zip code)	
Job Title:	Employment Dates (month and year) From: To:
Name of Immediate Supervisor:	
Description of Duties:	
Reason for Leaving:	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment References	
Professional References (no relatives or personal friends)	
Name:	Telephone ()
	Email Address:
Address:	
Relationship:	How long known?
Name:	Telephone ()
	Email Address:
Address:	
Relationship:	How long known?
Name:	Telephone ()
	Email Address:
Address:	
Relationship:	How long known?

Please Read Carefully Before Signing This Form

- 1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.**
- 2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.**
- 3. I understand that upon receiving a job offer, a background check will be ran and a drug screening may be required. (Note: if this is a job requirement, you will be notified.)**
- 4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.**

Signed by _____ Date _____

Thank you for your interest in Agri-Industrial Plastics Company