

EMPLOYMENT APPLICATION



AN EQUAL OPPORTUNITY EMPLOYER

(Please PRINT)

DRUG FREE WORKPLACE - Applicants are conditionally hired based on the successful completion of Drug Screen Test

Date of Application	Full Name (Last, First)	Social Security Number		
Present Address	City	State, Zip Code	Telephone Number	

GENERAL INFORMATION	Position Applying For: _____ Shift Preference: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
	Please check (✓) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Are you available for Over-time? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If your application is considered favorable, on what date will you be available for work? _____
	Were you previously employed by Elixir? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes: When _____ Division _____ Supervisor _____
	Are you over 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO Eligible to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO (Verification required)
	Have you been convicted of a major crime (felony) in the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed, or impounded by a court.) If yes, please give the conviction date and nature of the offense _____ A conviction record will not necessarily bar employment.</i>
Did you serve in U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO What Branch of Service? _____	

EMPLOYMENT HISTORY	List below present and past employment, beginning with your most recent Employer										
	Company Name		Employment Dates		Rate of Pay		Name Supervisor:		May We Contact?		
	Address		From:	To:	Start \$	End \$	Previous Job Title:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Phone		Describe your duties:								
	Reason for leaving and explanation										
	Company Name		Employment Dates		Rate of Pay		Name Supervisor:		May We Contact?		
	Address		From:	To:	Start \$	End \$	Previous Job Title:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Phone		Describe your duties:								
	Reason for leaving and explanation										
	Company Name		Employment Dates		Rate of Pay		Name Supervisor:		May We Contact?		
	Address		From:	To:	Start \$	End \$	Previous Job Title:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Phone		Describe your duties:								
Reason for leaving and explanation											

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EDUCATION	Name of School(s)	Location (City/ST)	Highest Level Completed
	Elementary/High School		
	College/Graduate		
	Trade or Technical		

If Applicable, (Please check (✓) each piece of equipment that you have experience operating)

<input type="checkbox"/> Chop Saw	<input type="checkbox"/> Punch Press	<input type="checkbox"/> Air Staple Gun
<input type="checkbox"/> Radial Arm Saw	<input type="checkbox"/> Press Brakes	<input type="checkbox"/> Electric Forklift
<input type="checkbox"/> Table Saw	<input type="checkbox"/> Electric Screw Gun	<input type="checkbox"/> Gas Forklift
<input type="checkbox"/> Electric Router	<input type="checkbox"/> Electric Staple Gun	<input type="checkbox"/> Calipers
<input type="checkbox"/> Air Powered Router	<input type="checkbox"/> Air Screw Gun	<input type="checkbox"/> Tape Measure

Indicate any other job related experiences, skills or qualifications which will be of special benefit in the job for which you are applying: _____

DO YOU HAVE A RELATIVE WHO WORKS FOR ELIXIR EXTRUSIONS LLC? YES NO

LIST NAME _____ RELATIONSHIP _____

(Listed below are references to be contacted) Please use former Employers, NO RELATIVES

REFERENCES	Name	Relationship	Telephone Number	Yrs. Known
	1.			
	2.			

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application and/or attached resume may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the officer.

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY EMPLOYER

Position: _____ Date of Interview: _____ Division/Department: _____

Wage: _____ Start Date: _____ Interviewed By: _____

REMARKS: _____

ELIXIR EXTRUSIONS complies with all applicable Federal, State and local employment laws prohibiting discrimination in employment because of race, color, creed, religion, sex, marital status, parental status, sexual orientation, national origin, ancestry, age, citizenship, disability, veteran status, attainment of benefits, source of income, credit, and participation in union activities.

DRUG TESTING OF EMPLOYMENT APPLICANTS

ACKNOWLEDGEMENT AND CONSENT FORM

Following an employment offer by Elixir Extrusions LLC (“the Company”), a successful job applicant will be screened for illegal drug use. This policy shall also apply to re-hires of full-time or part-time as well. The applicant is requested to sign this acknowledgement and consent form acknowledging his or her authorization of the drug test and the release of the test results to the Company. Candidates who refuse to sign this acknowledgement and consent form or to undergo the drug screening will be denied employment.

Any employment applicant who has a positive test result will be denied employment with the Company. It is understood that from time to time an employment applicant may be permitted to commence work for the Company prior to the time that his or her test results are available to the Company. In that event, should the applicant’s/employee’s test results later reveal that he or she has tested positive, then the Company reserves the right to immediately discharge that applicant/employee upon learning of the positive test result.

ACKNOWLEDGEMENT

I hereby acknowledge that I have received, read and understand the terms of the above policy regarding drug testing of employment applicants. I understand that Elixir Extrusions reserves the right to deny me employment and/or terminate my employment in the event I have a positive test result. By signing this form, I hereby consent to undergo a drug test and consent to the release of the test results to Elixir Extrusions LLC.

Print Name

Employment Applicant’s Signature

Dated: _____