

### PLASTICS . TOOLING . AUTOMATION

# **Application for Employment**

Please complete this Application in ink, in its entirety, to insure appropriate processing.

Position of Interest:		Date	2:	
Shift/Hrs. Desired:	Date Available:	_		
Personal Information:				
Name:				
Last	First	I	Middle	
Present Address:				7: 0:1
Number Home Phone:		e:	State	Zip Code
□ Can you, after being hired, verif (Under IRCA of 1986, docum hire.)	ents verifying your identity and legal	right to work in the	U.S. will be re	equired upon
<ul> <li>(Under IRCA of 1986, docum hire.)</li> <li>Are you at least 18 years of age</li> <li>Have you been convicted of a fee court? (A "Yes" answer will not</li> </ul>	?	as not been annulled. □ Yes □	, expunged, or No	r sealed by the
<ul> <li>(Under IRCA of 1986, docum hire.)</li> <li>Are you at least 18 years of age</li> <li>Have you been convicted of a fe court? (A "Yes" answer will not If yes, please explain natu</li> </ul>	? □ Yes □ No elony within the last 7 years, which hat automatically disqualify you.)	as not been annulled. □ Yes □ ition of case:	, expunged, or No	r sealed by the
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## **Education Information:**

		Did you	Degree received/		Dates
	Name & Location	Graduate?	major	GPA	Attended
Highschool:		Yes / no			
College/University:		Yes / no			
Technical/Trade School:		Yes / no			
Graduate Study:		Yes / no			
Other:		Yes / no			



# **Employment Information:**

Please list all employment beginning with your current or most recent employer. Include both full- and part-time positions held and military service.

Company Name:	Dates Employed:
Address & Phone Number:	From: To:
Name of Supervisor:	Reason for Leaving:
Position Title/Responsibilities:	

Company Name:	Dates Employed:
Address & Phone Number:	From: To:
Name of Supervisor:	Reason for Leaving:
Position Title/Responsibilities:	

Company Name:	Dates Employed:
Address & Phone Number:	From: To:
Name of Supervisor:	Reason for Leaving:
Position Title/Responsibilities:	

Company Name:	Dates Employed:
Address & Phone Number:	From: To:
Name of Supervisor:	Reason for Leaving:
Position Title/Responsibilities:	

Company Name:	Dates Employed:
Address & Phone Number:	From: To:
Name of Supervisor:	Reason for Leaving:
Position Title/Responsibilities:	
May we contact your current employer? $\Box$ Yes $\Box$ No	



Please list any other names under which you may have been employed that would assist us in verifying your application information:

Please account for any periods of unemployment below:		
Dates of Unemployment	Reason	

□ Memberships in professional or civic organizations (Please exclude those that may disclose your race, color, religion, sex, age, national origin, disability, or any other legally protected class under applicable local, state or federal law):

□ Please list any languages that you speak or write fluently: \_

### Skills:

Check the skills in which you have proficiency.

Computers:	Manufacturing/Assembly:
Windows	Welding
Microsoft Word	Types:
Microsoft Excel	CNC Programming
Access	Equipment:
Other:	Precision instruments (calipers/micrometers)
Other:	Lathe
	Mill
	Grinder
	Extrusion
	Type:
	Molding
	Туре:
	General Assembly

□ Please state any additional information you feel may be helpful to us in considering your application:

**Essential Job Functions:** Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes \_\_\_\_\_ No\_\_\_\_



## **Certification:**

I certify that all of the information furnished on this Application is true, complete, and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Company if employed.

In exchange for consideration of my application for employment with Reed City Group, LLC. and/or continued employment, I agree to submit to testing for illegal drugs (or their metabolites) and any necessary confirming tests. I agree that any offer and/or continued employment with Reed City Group, LLC. will be contingent upon the results of such tests, and my cooperation in obtaining the results, being satisfactory to the Company. I agree to execute any further authorizations necessary for such testing. It is the intention of Reed City Group, LLC. to keep confidential the information arising from this process. However, I agree that neither Reed City Group, LLC., nor its agents or employees, may be held liable for any damages arising from the disclosure or use of such information.

I further agree to abide by the Reed City Group, LLC. "Fitness For Duty & Drug Free Workplace Policy" and acknowledge that I have been provided with, and have reviewed, a copy of the same.

I hereby authorize this employer to investigate my past employment, activities, and statements contained in this Application, and at the same time, I authorize the employers and school officials listed in this application to furnish any and all truthful information concerning me that is within their knowledge or records. I hereby release all parties from all liability for any damage that may result from furnishing this information to you.

In consideration of my employment, I agree to conform to the rules and regulations of Reed City Group, LLC.. I understand that Reed City Group, LLC. is an at-will employer and my employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the Company or myself and without notice or liability for wages or benefits except such earned at the date of termination. I understand that no manager, supervisor, or representative of management, other than the Company president has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the President of the Company or his designee. I also understand and agree that any and all compensation and fringe benefits that I may receive as a result of my employment with the Company may be modified by the Company, and do not vest by reason of my employment, continued employment or otherwise.

Applicant's Signature:

Date: \_\_\_\_\_

Qualified applicants are considered for all positions without regard to race, color, religion, sex, nationality, origin, age, disability, or other legally protected class under applicable local, state, or federal law.

