

APPLICATION FOR EMPLOYMENT

Syracuse Plastics of North Carolina, Inc.
100 Falcone Parkway, P.O. Box 1067
Cary N.C. 27511
(919) 467-5151 Fax (467) 460-1013

We consider applicants for all positions without regard to race, creed, color, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

(PLEASE PRINT)

Position applied for:

Date of Application:

How did you hear about us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other _____

Last Name

First Name

Middle Name

Address:

Number

Street

City

State

Zip Code

Telephone Number(s)

Home:

Cell:

Other:

Best time to contact you at home is:..... : ____ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... YES NO

Have you ever filed an application with us before?..... YES NO
If Yes, give date _____

Have you ever been employed with us before?..... YES NO
If Yes, give date _____

Do any of your friends other than spouse work here? If so, what is their name?..... YES NO
 YES NO

Are you currently employed?..... YES NO

May we contact your present employer?..... YES NO

Are you a citizen or an alien legally authorized to work in the United States?..... YES NO
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of, or plead guilty to, a crime (excluding misdemeanor traffic violations)? YES NO

If you answer "yes" you will not automatically be disqualified for consideration except as required by state or federal law.

Date available for Work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work

Full Time Part-Time Temporary

Indicate the shifts you are looking to work

1 2 3

Preference: _____

EDUCATION

(Attach resume if available)

	Name and Address of School	Course of Study	Number of Years Completed	Diploma, Degree Or Certificate Received?
High School				
Undergraduate College				
Graduate Professional				
Other				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Dates Employed		Work Performed
Address	From	To	
Telephone	Hourly Rates /Salary		
Reason for leaving	Starting	Starting	
Employer:	Dates Employed		Work Performed
Address	From	To	
Telephone	Hourly Rates /Salary		
Reason for leaving	Starting	Starting	
Employer:	Dates Employed		Work Performed
Address	From	To	
Telephone	Hourly Rates /Salary		
Reason for leaving	Starting	Starting	
Employer:	Dates Employed		Work Performed
Address	From	To	
Telephone	Hourly Rates /Salary		
Reason for leaving	Starting	Starting	

If you need additional space, please continue on a separate sheet of paper or attach resume if available

ADDITIONAL INFORMATION

List professional, trade, business or civic activities held:

Other Qualifications & Training:

Summarize special job related skills and qualifications acquired from employment, apprenticeship(s), military or other experience.

Specialized Skills (check skills/equipment operated)

<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Injection Molding	<input type="checkbox"/> Fork Lift / Lift Trucks
<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Pad Printer	<input type="checkbox"/> Blueprint Interpretation
<input type="checkbox"/> Solid Works, Moldflow CAD	<input type="checkbox"/> Quality Inspection Equipment	<input type="checkbox"/> Hydraulic/Electrical Systems
<input type="checkbox"/> Other Computer: _____	<input type="checkbox"/> Languages _____	<input type="checkbox"/> _____

State Any Additional Information you feel may be helpful to us in considering your application:

Note To Applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities has been given.

YES NO

REFERENCES	MUST PROVIDE SUPERVISOR NAME AND PHONE NUMBER		
Supervisor Name	Company	Address	Phone Number
Supervisor Name	Company	Address	Phone Number
Supervisor Name	Company	Address	Phone Number

APPLICANT'S STATEMENT

Carefully read this section prior to providing signature below

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I authorize investigation of all statements contained in this application and resume for employment as may be necessary in arriving at an employment decision. I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide Syracuse Plastics of North Carolina, Inc. with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Syracuse Plastics of North Carolina, Inc. is of an "at will" nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Syracuse Plastics of North Carolina, Inc. specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of Syracuse Plastics of North Carolina, Inc.

This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Syracuse Plastics of NC, Inc. does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, military status or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER