



Application For Employment

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

PLEASE PRINT

Position(s) applied for	Date of Application
How did you learn about GW Plastics?	
JobsinVT.com	Employment Agency Employee of GW Plastics _____
Facebook	Indeed.com Advertisement – where? _____
LinkedIn	Radio
GW Website	Relative/Friend

Last Name	First Name	Middle Name

Address: <i>Number</i>	<i>Street</i>	<i>City</i>
_____	_____	_____
	<i>State</i>	<i>Zip Code</i>
	_____	_____
Telephone Number(s)		

Email Address		

Best time to contact you at home is _____

Check one: Yes No

Are you 18 years of age or older?

Do you use tobacco-related products?.....

Have you ever filed an application with us before? If yes, give date _____

Have you ever been employed with us before? If yes, give date _____

List GW Plastics employees that you know (including relatives) _____

Are you currently employed?

May we contact your present employer?

Date available for work What is your desired salary range? _____

Are you available to work: Full Time 8 hr. shifts: Mon.-Fri. 8 am-4 pm 4 pm-12 am 12 am – 8 am

Or 12 hr. shifts: (a) 12-hour days 6 am-6 pm 3 days one week, 4 days the other week

(b) 12-hour nights 6 pm-6 am 3 days one week 4 days the other week

Or weekend shift only (a) 8 hour shift or (b) 12 hour shift

Temporary Please indicate dates available to

Check one: Yes No

Are you currently on "Layoff" status and subject to recall?

Can you travel if the job requires it?

Education

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Please specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

From _____ to _____

Rank: _____

Present military affiliation:

- _____ None
- _____ Reserve (active)
- _____ Reserve (inactive)

Nature of Discharge:

- _____ Honorable
- _____ General
- _____ Dishonorable

Employment Experience

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

If you need additional space, please continue on a separate sheet of paper.

1. Employer	Dates Employed	Work Performed
Address	From To	
Telephone number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting Final	
Reason for Leaving	May we contact?	Yes No
2. Employer	Dates Employed	Work Performed
Address	From To	
Telephone number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting Final	
Reason for Leaving	May we contact?	Yes No
3. Employer	Dates Employed	Work Performed
Address	From To	
Telephone number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting Final	
Reason for Leaving	May we contact?	Yes No

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Select skills/equipment operated

Production/Mobile
Machinery

Other

Computers

Software

Grinders

PC

Word

Molding Machines

Mac

Excel

Forklift

Other _____

Other _____

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 a reasonable accommodation, the activities involved in the position for which you have applied? Yes No

Please refer to a list of the essential functions involved in this position.

References

List three people, *not related to you*, whom you have known for at least one year, who could talk about your work experience.

1. Name	Title	Relationship	Phone
<hr/>			
Address	City	State	Zip
<hr/>			
2. Name	Title	Relationship	Phone
<hr/>			
Address	City	State	Zip
<hr/>			
3. Name	Title	Relationship	Phone
<hr/>			
Address	City	State	Zip
<hr/>			

Please read before signing

Accuracy of Information, Rules & Regulation

I certify that answers given herein are true and complete. 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 if hired I am required to abide by all rules and regulations of the employer.

Authorization for Release of Information

In connection with this application, I authorize my former employers, schools, law enforcement agencies, and branches of military to release information they may have about me. I release all parties supplying such information and Nolato GW from any liability arising out of the release of any such information.

Employment at Will

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

I have read and have signed the Notification and Release, authorizing Nolato GW to perform a criminal background check. I have also read the Nolato GW Drugs, Alcohol and Illegal Substances policy and have signed the authorization for drug testing.

Signature of Applicant

Date