

APPLICANT INFORMATION SURVEY

NAME: _____

Please fill out the following information.

How did you hear about Pitt Plastics? _____

Pitt Plastics runs 24 hours a day, 7-days a week.

We offer 2 positions: Packers and Operators. Please be sure to read job descriptions.

We also offer On-Call positions. Employees interested in this position will be called in when needed (e.g. cover vacations, illness). Would you be interested in an On-Call position?

YES _____

NO _____

Which position are you interested in?

PACKER _____ **OPERATOR** _____

What shifts would you be available for?

Please check any shift that you **CAN** work:

8am to 4pm _____

4pm to 12am _____

12am to 8am _____

6am to 6pm _____

6pm to 6am _____

Are you available on weekends? Yes _____ No _____



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____	Date of Application _____
Other names used _____	Social Security Number _____
Address _____	City/State/Zip _____
Telephone # (____) _____	E-mail address _____ Referred by _____

Have you ever been employed here before? Yes ___ No ___ if yes, give date(s) and positions. Date(s) _____
 Positions _____

Are you legally eligible for employment in this country? Yes ___ No ___ What is your desired salary range? _____

Type of employment desired _____ Full Time _____ Part time _____ Date available for work _____

Do you have any criminal charges, except minor traffic offenses, pending against you? Yes ___ No ___

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime besides a minor traffic offense? Yes / No

If yes, provide date(s) and details _____.

Pitt Plastics, Inc., has a minimum age requirement of 18. Are you able to meet this requirement? Yes ___ No ___

EDUCATIONAL BACKGROUND

Name and Location	Number of Years completed	did you graduate?	Course of Study
High School			
College	Major	Degree?	
Other			

EMPLOYMENT HISTORY

List below your last 4 employers, starting with the most recent:

From	To	Employer	Telephone #
			()
Address			
Immediate Supervisor		Job Responsibilities/Duties	
May we contact for a reference?			
Yes ___		No ___	
Reason for leaving		Hourly rate/Salary	

From	To	Employer	Telephone #	
			()	
Address				
Immediate Supervisor		Job Responsibilities/Duties		
May we contact for a reference?				
Yes ___ No ___				
Reason for leaving		Hourly rate/Salary		
From	To	Employer	Telephone #	
			()	
Address				
Immediate Supervisor		Job Responsibilities/Duties		
May we contact for a reference?				
Yes ___ No ___				
Reason for leaving		Hourly rate/Salary		
From	To	Employer	Telephone #	
			()	
Address				
Immediate Supervisor		Job Responsibilities/Duties		
May we contact for a reference?				
Yes ___ No ___				
Reason for leaving		Hourly rate/Salary		

PERSONAL REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
1.		
2.		
3.		

Operator General Requirements

High school diploma or GED equivalency preferred. Must be willing to work nights, evenings and weekends. It is preferred that you have previous experience working with machinery. Must be capable of lifting 50-75 lbs. May be required to climb heights in excess of 50 ft. Must be able to tolerate heat & stand on feet for extended periods of time. Must be able to verbally communicate and read the written English language. Ability to pull plastic, thread plastic through rollers and on machinery such as bag machines and separators. Physical requirements: use of both hands, many duties require hand over hand movement, reaching above head, stooping, twisting and bending at waist.

Packer General Requirements

High school graduate or GED equivalency preferred.
Good communication and people skills.
Must be able to work efficiently in stressful situations.
Quality conscious and detail oriented.
Derives enjoyment from working as a team with others.
Must be able to tolerate heat, stand on feet for extended periods of time. Have the ability to lift 20 lbs frequently.
Must willing to complete assigned projects correctly and efficiently.
Physical requirements: use of both hands, many duties require hand over hand movement, reaching above head, stooping, twisting and bending at waist.

SKILLS AND QUALIFICATIONS

Indicate below any relevant experience, training, skills and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

PHYSICAL RECORD:

Can you perform the job functions for which you are applying with or without reasonable accommodations?

Yes ___ No ___

APPLICANT STATEMENT

I certify that answers given in this application for employment are true, correct, and complete and authorize investigation of all statements.

I understand that any information provided by me that is false, incomplete or misrepresented in any respect, or omission of facts on this application may result in (1) canceling further consideration for this application for employment at Pitt Plastics, Inc. (2) my immediate dismissal from employment at Pitt Plastics, Inc., upon any such discovery.

I understand and authorize Pitt Plastics, Inc. or employees of Pitt Plastics, Inc. to contact and verify the accuracy of all information provided by me on this application, personal or professional. I hereby waive all rights and claims I may have regarding Pitt Plastics, Inc., employees or representatives of Pitt Plastics, Inc. for obtaining or gathering any such information in the employment process.

I have read and understand the job descriptions for the position(s) that I am applying for at Pitt Plastics, Inc.

I understand that as a conditional offer of employment, I agree to submit to a drug-screening test, at the request of Pitt Plastics, Inc., to test for the presence of controlled substance(s). I agree to participate in the drug screening process at a time and place specified by Pitt Plastics, Inc. Any applicant who receives a confirmed "positive" drug screen result will be subjected to disqualification from employment and from all other applications with employment for Pitt Plastics, Inc. for a period of two years from the effective date of the disqualification action.

I understand that if employed by Pitt Plastics, Inc., I may terminate my employment at any time, with or without cause. Pitt Plastics, Inc. also reserves the right to terminate my employment at any time with or without cause and without prior notice, before or after the job start date, except as may be required by law. No one may enter into an employment contact without the signature of the President of the Pitt Plastics, Inc.

I understand that if I am hired, I will be required to furnish proof of identity and/or legal authority to work in the United States. I understand that Federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read and understand and accept all statements/terms made in the foregoing Applicant Statement.

Signature of Applicant

Date

Pitt Plastics, Inc.
Affirmative Action Voluntary Information

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. Pitt Plastics, Inc., is an equal opportunity employer.

Pitt Plastics, Inc., is required by federal law to maintain certain information for affirmative action record keeping purposes. In an effort to comply with requirements regarding government record keeping and reporting, Pitt Plastics, Inc., invites you to complete this applicant data survey. Providing this information is *STRICTLY VOLUNTARY*. If you choose not to participate in our applicant data survey, it will not in any way affect your possibilities for employment.

Your participation is *voluntary* and any information you provide will be kept *confidential*; it will be used only for purposes of fulfilling record keeping requirements of the Federal Government.

Please print

Referral Source

Walk-in _____ Friend _____ Job Service _____ Newspaper _____

Other _____
Specify

Position(s) applied for: _____ Date ____/____/____

Applicant information

Name _____ Phone # (____) _____
Last First Middle

Address _____
Street City State Zip Code

Male _____ Female _____

Please Check one of the following Equal Opportunity Identification Groups

_____ White- (Not of Hispanic origin) _____ Black- (Not of Hispanic origin) _____ Hispanic

_____ Asian/Pacific Islanders _____ American Indian or Alaskan Native

Applicant's Signature



$5 \times 5 =$ $6 \times 8 =$ $0 \times 1 =$ $7 \times 3 =$ $1 \times 2 =$ $2 \times 3 =$

$8 \times 1 =$ $3 \times 0 =$ $4 \times 3 =$ $2 \times 8 =$ $0 \times 4 =$ $4 \times 0 =$

$4 \times 7 =$ $3 \times 8 =$ $9 \times 8 =$ $7 \times 6 =$ $5 \times 3 =$ $2 \times 5 =$

$5 \times 8 =$ $0 \times 2 =$ $4 \times 7 =$ $2 \times 6 =$ $5 \times 4 =$ $1 \times 0 =$

$4 \div 4 =$ $36 \div 6 =$ $35 \div 5 =$ $21 \div 7 =$ $40 \div 8 =$ $28 \div 4 =$

$12 \div 3 =$ $1 \div 1 =$ $49 \div 7 =$ $18 \div 6 =$ $0 \div 2 =$ $24 \div 3 =$

$15 \div 3 =$ $7 \div 1 =$ $10 \div 2 =$ $72 \div 9 =$ $9 \div 9 =$ $8 \div 1 =$

$10 - 9 =$ $15 - 8 =$ $10 - 7 =$ $11 - 9 =$ $10 - 1 =$ $4 - 2 =$

$6 - 6 =$ $8 - 5 =$ $15 - 6 =$ $9 - 6 =$ $13 - 7 =$ $6 - 0 =$

$11 - 4 =$ $7 - 5 =$ $7 - 0 =$ $9 - 5 =$ $11 - 7 =$ $3 - 2 =$

$6 + 7 =$ $7 + 6 =$ $4 + 0 =$ $5 + 6 =$ $6 + 6 =$ $9 + 4 =$

$9 + 1 =$ $0 + 9 =$ $8 + 4 =$ $0 + 2 =$ $7 + 5 =$ $4 + 4 =$

$5 + 7 =$ $7 + 4 =$ $5 + 5 =$ $0 + 6 =$ $5 + 4 =$ $4 + 5 =$