



Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER															
We consider applicants for all position without regard to race, color, religion, sex, age, national origin, marital, disability or any other legally protected status. Applications are valid for ninety (90) days.															
INSTRUCTIONS: Please print all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection and/or termination of employment.															
Position Applying for:	Name (Last, First, Middle):	Date of Application:													
Street Address:	City:	State:	Zip:												
Home Phone:	Cell Phone:	Emergency Contact Name and Number:													
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number:													
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your current age?													
Have you ever been employed by Plamastic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where, what were your dates of employment ,& reason for leaving?													
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.													
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, State of issuance, license #, and expiration date:													
Highest level of education attained:	<input type="checkbox"/> College	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Some College												
	Major: _____														
	<input type="checkbox"/> High School	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other												
	Explain: _____														
How did you learn about PlaMastic? <input type="checkbox"/> Walk-In <input type="checkbox"/> Website <input type="checkbox"/> Job Posting <input type="checkbox"/> Other <input type="checkbox"/> Referral Name: _____	Possessed Skills (Select all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Forklift</td> <td style="width: 33%;"><input type="checkbox"/> Clerical</td> </tr> <tr> <td><input type="checkbox"/> Quality Inspector</td> <td><input type="checkbox"/> Management</td> </tr> <tr> <td><input type="checkbox"/> Shipping</td> <td><input type="checkbox"/> Housekeeping</td> </tr> <tr> <td><input type="checkbox"/> Maintenance</td> <td><input type="checkbox"/> Assembly</td> </tr> <tr> <td><input type="checkbox"/> Injection</td> <td><input type="checkbox"/> Machine Operator</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Welding</td> </tr> </table>			<input type="checkbox"/> Forklift	<input type="checkbox"/> Clerical	<input type="checkbox"/> Quality Inspector	<input type="checkbox"/> Management	<input type="checkbox"/> Shipping	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Assembly	<input type="checkbox"/> Injection	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Welding
<input type="checkbox"/> Forklift	<input type="checkbox"/> Clerical														
<input type="checkbox"/> Quality Inspector	<input type="checkbox"/> Management														
<input type="checkbox"/> Shipping	<input type="checkbox"/> Housekeeping														
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Assembly														
<input type="checkbox"/> Injection	<input type="checkbox"/> Machine Operator														
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Welding														

All applicants must call the PlaMastic office at least once a week to verify that you are still looking for employment.

Work Experience-Begin with your most current or most recent employer. Please include manufacturing experience, if you have any. Omission of prior employment may be considered falsification of information.

Additional paper available upon request.

Company:		Job Title:	
Address:		Supervisor:	
Phone Number:		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		<input type="checkbox"/> Temporary	Agency name? _____
Dates Employed:	Primary Duties:	Reason for leaving:	
Start:			
End:			
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company:		Job Title:	
Address:		Supervisor:	
Phone Number:		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		<input type="checkbox"/> Temporary	Agency name? _____
Dates Employed:	Primary Duties:	Reason for leaving:	
Start:			
End:			
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company:		Job Title:	
Address:		Supervisor:	
Phone Number:		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		<input type="checkbox"/> Temporary	Agency name? _____
Dates Employed:	Primary Duties:	Reason for leaving:	
Start:			
End:			
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company:		Job Title:	
Address:		Supervisor:	
Phone Number:		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		<input type="checkbox"/> Temporary	Agency name? _____
Dates Employed:	Primary Duties:	Reason for leaving:	
Start:			
End:			
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company:		Job Title:	
Address:		Supervisor:	
Phone Number:		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		<input type="checkbox"/> Temporary	Agency name? _____
Dates Employed:	Primary Duties:	Reason for leaving:	
Start:			
End:			
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Questionnaire

1.) What shift are you available to work?

Circle one: Day Night Any

2.) How many hours a day can you work?

8 hours 10 hours 12 hours Any

3.) Can you work weekends?

Circle one: Yes No

4.) Are you able to rotate shifts?

Circle one: Yes No

5.) Circle the plants you would be interested working at:

Seohan CNJ SCA Hanon (Halla)
Gummoon Nalara Innotive

6.) If hired, would you have transportation to and from work?

Circle one: Yes No

7.) Several of our clients require steel toed shoes for safety reasons.

Do you currently own a pair of steel-toed shoes?

Circle one: Yes No

If no, would you be able to get a pair prior to reporting for work?

Circle one: Yes No

8.) Use one of the following statements to complete this sentence: "If required, _____ repetitively."

I can lift up to 10 pounds I can lift up to 20 pounds I can lift up to 30 pounds
I can lift up to 40 pounds I can lift up to 50 pounds I can lift more than 50 pounds

9.) Do you feel comfortable working in extreme temperatures? Example: Working in an extremely HOT climate.

Circle one: Yes No

10.) Would you be interested in being on a call-in list?

Circle one: Yes No

If yes, what area? Check all that apply

Shorter Area? _____ Opelika Area? _____

Auburn Area? _____

PlaMastic offers a texting notification service for applicants who accept positions with our company.

This service is used as a helpful way to remind employees of when and where a position starts, as well as information to assist the applicant once they report to the job site.

Are you interested in participating in this service?

Circle one: Yes No

If yes, please list your cellular phone number here: _____

Cellular Service Provider: _____

Please note that message and data rates may apply

Disclaimer and Information Release Consent Form

Disclaimer

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize PlaMastic, LLC to investigate, without liability, all statements contained in this application and supporting materials. I understand that this document is not an offer of employment, and that an offer of employment, if tendered, does not constitute a contract for guaranteed employment. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits, including paid time off.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

Drug Test Information Release

I hereby authorize a representative of PlaMastic, LLC, any physician, laboratory, hospital, or medical professional retained by PlaMastic, LLC for screening purposes to conduct such screening and to provide the results to PlaMastic, LLC. I release PlaMastic, LLC and any such institution or person conducting the screening, from liability therefore.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

Personal Information Release

I authorize PlaMastic, LLC to release the personal information provided when I applied to PlaMastic, LLC. I also authorize PlaMastic, LLC to release a copy of my background check, drug test form, and E-verify documentation to clients. This information is to be used only by the Human Resources department of the temporary job site. It is provided as proof that all pre-hire requirements have been met.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

OFFICE USE ONLY

Codes:

1 _____

3 _____

5 _____

2 _____

4 _____



NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Plamastic, LLC, may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of an "investigative consumer report" which may include information about your previous criminal and/or civil background history. This report may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal and/or civil background by **Alacourt, PO Box 8173, Mobile, AL 36689, 1-877-799-9898 and/or Georgia Technology Authority, 47 Trinity Avenue S.W., Atlanta, GA 30334, 1-404-463-2300**. The scope of this notice and authorization is all-encompassing, however, allowing **Plamastic, LLC** to obtain from any outside organizations all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understood this document. I hereby authorize the obtaining of "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Alacourt and/or Georgia Technology Authority**, other outside organizations acting on behalf of **Plamastic, LLC** itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

DATE

PRINT NAME

SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (FOR BACKGROUND PURPOSES ONLY)



Applicant Questionnaire

Name: _____

1. Are you telephone accessible?

- Yes No

2. Do you have reliable transportation?

- Yes No

A. If the assignment you're applying for involves driving a motor vehicle: Will you release your driving record (MVR) to us for review?

- Yes No

B. (If for a driving assignment) Do you have your own vehicle?

- Yes No

C. (If the answer to 2- B is yes) Will you provide us your personal automobile insurance policy ID card?

- Yes No

3. Do you have your I-9 (work status) information (i.e. 2 non-expired forms of federal/state/local issued IDs)?

- Yes No

4. What areas are you willing to work?

- Auburn Opelika Shorter (exit 22) Valley (exit 77)

5. What jobs are you interested in applying for? _____

6. What is the minimum pay-rate you will accept? _____

7. Do you have current, valid credentials, licenses, and permits (if necessary) to fill the positions for which you are applying?

- Yes No

8. Are you willing to take a drug test according to our policy?

- Yes No

9. Will you release background information inclusive of criminal records?

- Yes No

Applicant Signature: _____ Date: _____