



EMPLOYMENT APPLICATION

Southwest Venture Plastics, LLC (the “Company”) does not discriminate in hiring or employment on the basis of race, color, religion creed, national origin, sex, veteran status, disability, ancestry, age (forty or more), or other protected classification, as provided by applicable law. No question on this application is intended to secure information to be used for any unlawful purpose. Unless an applicant’s background meets set hiring standards, the Company will not be able to offer or continue employment. If accommodations are needed to complete this application form or with any aspect of the hiring or employment process, please notify human resources.

PERSONAL INFORMATION			
Full Name (Last Name, First Name, Middle Init.):			Today’s Date:
Other Sur Name(s):		Email Address:	
Residential Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Primary Phone No.	Secondary Phone No.	Referred By:	

EMPLOYMENT DESIRED		
Position:	Date you can start:	Salary Desired (please specify):
What shift are you available for? Circle all that apply.		1 2 3
Are you related to anyone currently employed by Venture Plastics? YES <input type="checkbox"/> NO <input type="checkbox"/>		How did you hear about us?
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, may we inquire of your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you legally authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>
Ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where	When
Have you ever been convicted of a felony or pled guilty or no contest, or been on any form of felony deferred adjudication? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, give date(s), offense(s), state, court:		
Note: A “yes” answer may not disqualify you, but misleading or incomplete answers will.		

EDUCATION				
	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied?
High School:				
College:				
Trade, Business, or Correspondence School				

GENERAL INFORMATION	
Subjects of Special study/ Research Work:	
Special Training:	
Special Skills:	
US. Military or Naval Service:	Rank:



REFERENCES

Please list three (3) professional references. (Three persons not related to you that can give you professional or work reference)

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

FORMER EMPLOYERS

Please list below your last three (3) employers, starting with the most recent:

Company:	Phone :		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company:	Phone :		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company:	Phone :		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	



What hours and days can you work? (Please circle)

M T W TH F S SUN

UNEMPLOYMENT RECORD

Account for all periods of unemployment of 60 days duration or more since you left school until the present time.

Table with 4 columns: From (Mo, Year), To (Mo, Year), and State What You Were Doing. It contains four rows for recording unemployment periods.

AUTHORIZATION

I certify that my statements and answers in this application and given by me throughout the hiring process are true and complete and I have withheld nothing material or relevant. I understand that the Company relies upon such statements in making its employment decisions, and I authorize the Company to investigate all such statements contained herein. I understand and agree that any misrepresentation will be sufficient cause for cancellation of the application and or separation from the Company if such misrepresentation is discovered at any time after my employment by the Company. If applicable to my position, a background investigation pertaining to my character may be conducted to include an investigative consumer report. If applicable to my position, I consent to a physical examination and drug test, at the Company's expense, by an appointed medical doctor. I hereby authorize the appointed; doctor to furnish information that relates to my physical examination and drug test results. I hereby authorize the Company to contact all employers, individuals and educational institutions (as specified on this form) for reference purposes, and I release all such persons, Company, contracted human resources representatives and institutions from any liability in responding to such requested information. Additionally, I authorize the Company and contracted human resources representatives to supply my employment record and background check, in whole or in part, and in confidence, to any company agent, prospective employer, government agency, or other party with legal or proper interest, and release the Company from liability whatsoever for supplying such information. If requested, I agree to be fingerprinted during my employment with the Company. Further, if I am employed by the Company, I agree as a condition of continued employment to otherwise fully cooperate with any internal investigation conducted by the Company, as well as periodic background checks updates. Nothing contained in this employment application shall constitute a contract of employment, and I understand and agree if I am employed such employment will be "at will." I understand that any oral statements made to the contrary are not authorized by the Company and should not be relied on by me. If employed, I will agree to comply with all rules and regulations as set forth in the Company's Policy Manual or other communications distributed to all employees. I hereby acknowledge that I have voluntarily signed, read and understood the above statements.

If this application leads to employment, I understand that false or misleading information in my application, interview, or hiring process may result in my termination.

Signature: _____

Date: _____