



TEAM GRAND HAVEN CUSTOM MOLDING
APPLICATION FOR EMPLOYMENT

Federal and/or State legislation prohibits discrimination in employment because of race, color, religion, sex, national origin, age, height, weight, marital status, citizenship, veteran status, disability, or any other protected category.

Date: _____

Position Applied For: _____

Available Shifts: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Number) (Street) (Apt. No.)

Phone Number () _____
(City) (State) (Zip Code)

Email _____

Other Positions You Would Consider: _____

Date Available for Work: _____

How Did You Hear About Us? _____

Are you Eighteen Years or Older: () Yes () No

Have You Ever Been Convicted of a Felony? () Yes () No

If Yes, When? _____

Where? _____

What was the nature of the Offense? _____
(Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered.)

Do you have a valid Michigan Driver's License? () Yes () No

Do you have a Reliable Means of Transportation to Work? () Yes () No

Have you ever been employed by an injection molding company? () Yes () No

RECORD OF EDUCATION:

Name	City/State	Diploma/Degree Y/N	Year Graduated
High School: _____			
College: _____			
Trade/Apprentice: _____			

GENERAL SKILLS

List any special courses, training or other skills which would assist you in performing the job applied for:

EMPLOYMENT HISTORY

Indicate all employers beginning with your current or most recent employer. Continue on a separate sheet if necessary.

Employed From _____ To _____

Company Name _____

Complete Address _____

Starting Position _____ (Number) _____ (Street) _____ (Suite No.)
Starting Pay _____

Final Position _____ Final Pay _____

Name of Supervisor _____ Phone Number () _____

Duties Performed/Primary Job Responsibilities _____

State each and every reason for leaving and/or termination _____

May we contact them? () Yes () No

Employed From _____ To _____

Company Name _____

Complete Address _____

Starting Position _____ (Number) _____ (Street) _____ (Suite No.)
Starting Pay _____

Final Position _____ Final Pay _____

Name of Supervisor _____ Phone Number () _____

Duties Performed/Primary Job Responsibilities _____

State each and every reason for leaving and/or termination _____

May we contact them? () Yes () No

Employed From _____ To _____

Company Name _____

Complete Address _____

Starting Position _____ (Number) _____ (Street) _____ (Suite No.) _____ Starting Pay _____

Final Position _____ Final Pay _____

Name of Supervisor _____ Phone Number () _____

Duties Performed/Primary Job Responsibilities _____

State each and every reason for leaving and/or termination _____

May we contact them? () Yes () No

REFERENCES:

Name	Title	Company	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I further understand that this company may require pre-employment drug testing at any time by a designated physician.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of applicant

Date