

AUDIA PLASTICS CO., INC.

EMPLOYMENT APPLICATION

Audia Plastics Co., Inc. is an Equal Opportunity (EO) and Americans with Disabilities Act (ADA) Employer

PERSONAL INFORMATION

Last Name	First	M.I.	Date
Current Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Pay Rate	
Position Applied for	Shift Applied for	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you over the age of 18 or have a work permit?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If you have a visa or work permit, list their status and expiration date:	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	
Are you related to anyone whom is currently employed with our Company or an affiliated company? (Name and Service Company)			
Do you have a friend or acquaintance whom you know is employed with our Company or affiliated company? (Name and Service Company)			
How did you hear about our Company?	Radio <input type="checkbox"/>	Billboard <input type="checkbox"/>	Company Website <input type="checkbox"/>
	Friend <input type="checkbox"/>	Sign or Walk-In <input type="checkbox"/>	Unemployment Office <input type="checkbox"/>
	Employment Finder Website <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Which one? <input type="text"/>

EDUCATION

High School	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Trade School	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other Training			

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Audia Plastics Co., Inc. is an Equal Opportunity (EO) and Americans with Disabilities Act (ADA) Employer. All facilities are tobacco and e-cigarette free.

It is Company policy not to discriminate on any legally protected basis, which includes not discriminating against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment. Additionally, the Americans with Disabilities Act (ADA) requires employers to reasonably accommodate qualified individuals with disabilities. It is the policy of the Company to comply with all Federal, state, and local laws concerning the employment of person with disabilities. If you need assistance in completing this General Employment Application due to a disability, please contact the Human Resources department at (724) 228-1260.

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PREVIOUS EMPLOYMENT

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

CERTIFICATIONS AND ACKNOWLEDGEMENT

<p>I certify that the answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be helpful in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should later inquire as to whether or not applications are then being accepted.</p> <p>I state, certify and affirm that I am not subject to and did not sign with my former employer(s) any agreement containing a non-compete, non-solicitation or other form of restriction on my work activities that applies for a time period that has not yet expired. If I am still covered by such a restriction, I have checked and initialed the statement below, which I certify is accurate:</p> <p>I understand and acknowledge that the existence of an agreement with my former employer(s) that contains a non-compete, non-solicitation or other form of restriction on my work activities, which has not yet expired, may affect whether Company offers me employment.</p> <p><input type="checkbox"/> Initials: _____ - I signed with my former employer(s) an agreement containing a non-compete, non-solicitation or other form of restriction on my work activities, which has not expired and I have given or will within the next 3 business days give Company a copy of the agreement along with a written description of all pertinent information.</p>	<p>I hereby understand and acknowledge that should I be employed by Company or an affiliated company, any employment relationship will be of an "at will" nature, which means that I, the employee, may resign at any time and the Company may discharge me at any time with or without cause. It is further understood that there will be no contract of employment of any kind, regardless of any written or verbal statement(s) or other conduct by a supervisor or manager, except and unless such obligation(s) is(are) explicitly set out in a written contract, labeled as a "contract" or "agreement", and signed by both myself and the President of the Company (or a collective bargaining agreement that may exist and is signed by the labor representative and President of the Company).</p> <p>I also agree that in the event I am employed by Company or an associated company, should I be advanced pay, vacation time, other compensation or benefits beyond what I am entitled to, if I have expense or other money beyond what I reasonably spent on behalf of Company, if I have not returned Company property (or other property entrusted to me), or if I am otherwise indebted to Company, this money may be deducted from any final paycheck I receive upon conclusion of my employment; or, during my continued employment and in the case of debts other than vacation advances, limited payroll deductions of up to 20% of the net pay in successive paychecks may be made following my failure to otherwise repay Company within 45 days of written notice to me of this debt.</p> <p>I understand that my failure to fully and accurately complete all portions of this application or my providing false or misleading information in the application or interview process may result in my disqualification for or removal from a position with the Company, regardless of when this is discovered. I also understand that discharge may follow for my failure to fully disclose to the Company any agreement or document from a prior or other employer containing or indicating that a non-compete, non-solicitation, or any other restriction exists on my activities. If employed, I intend to maintain a productive and proper work effort.</p>
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I have read and understand the above statements and conditions of employment.

Signature	Date
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