

LAKESIDE PLASTICS, INC. EMPLOYMENT APPLICATION

Please complete this application as accurately and thoroughly as possible. Although you may have submitted a resume, your resume will not be considered a substitute for your responses on this application. Lakeside Plastics, Inc. complies with all legal requirements relating to reasonable accommodation of disabilities. Please advise us if you need an accommodation in connection with completing this application form.

Lakeside Plastics, Inc. is an equal opportunity employer. All applicants are considered for employment based upon their skills and abilities without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status, military or veteran status, genetic information, physical or mental disability or any other characteristic protected by applicable law.

| GENERAL INFORMATION | | | | |
|---|-------------------|--|----------------|-------------------------------|
| NAME | | PREVIOUS NAME(S) USED | | DATE AVAILABLE FOR EMPLOYMENT |
| MAILING ADDRESS - STREET | | TELEPHONE NUMBER HOME or CELL: WORK: | | |
| CITY, STATE, ZIP | | REFERRAL SOURCE | | |
| PERMANENT ADDRESS (if different from above) | | | SALARY DESIRED | |
| PLEASE INDICATE WHAT SHIFT(S) AND DAY(S) YOU ARE <u>NOT</u> ABLE TO WORK? | | HOW MANY HOURS A WEEK ARE YOU ABLE TO WORK? | | |
| ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| EDUCATION | | | | |
| SCHOOLS | NAME AND LOCATION | DIPLOMA / DEGREE | MAJOR | MINOR |
| HIGH SCHOOL/G.E.D. | | Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COLLEGE or UNIVERSITY | | Degree: Date Received: | | |
| GRADUATE SCHOOL | | Degree: Date Received: | | |
| OTHER | | Degree: Date Received: | | |
| EMPLOYMENT EXPERIENCE (List most recent job first) | | | | |
| EMPLOYER'S NAME | | EMPLOYMENT DATES (Month & Year) FROM: TO: | | |
| ADDRESS (Street, City, State, Zip) | | YOUR JOB TITLE | | |
| REASON FOR LEAVING | | | | |
| EMPLOYER'S NAME | | EMPLOYMENT DATES (Month & Year) FROM: TO: | | |
| ADDRESS (Street, City, State, Zip) | | YOUR JOB TITLE | | |
| REASON FOR LEAVING | | | | |
| EMPLOYER'S NAME | | EMPLOYMENT DATES (Month & Year) FROM: TO: | | |
| ADDRESS (Street, City, State, Zip) | | YOUR JOB TITLE | | |
| REASON FOR LEAVING | | | | |

OTHER INFORMATION

Do you know anyone or are you related to anyone that currently works at Lakeside Plastics, INC.

☐ YES ☐ NO If yes, please list that individual(s):

Have you ever been convicted of, pleaded guilty or no contest to, been placed on probation, fined, imprisoned or incarcerated, or paroled for any offense (e.g., felony, misdemeanor, ordinance violation or forfeiture) other than minor traffic violations? *(Note: A conviction will not automatically bar your employment.)*
☐ YES ☐ NO If yes, please explain (please include the state/county and date of incident):

Are you currently authorized to work for any employer in the United States without sponsorship? ☐ YES ☐ NO

Please answer the following question **only** if the position(s) you applied for may require that you drive your own vehicle:
Do you have a valid driver's license?

☐ YES ☐ NO

APPLICANT'S STATEMENT

I certify that my answers to the foregoing questions are complete, true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews, or any material omission of information on this application form will be grounds for my immediate discharge.

I understand and agree that any offer of employment that I may receive from Lakeside Plastics, Inc. is contingent upon my successful completion of its total pre-employment screening process.

In processing my application for employment, and, if I am employed, for other employment purposes, Lakeside Plastics, Inc., are hereby authorized to verify all of the information provided by me, and to procure or have prepared a consumer or an investigative consumer report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I hereby release Lakeside Plastics, Inc. and any agent(s) acting on their behalf, from any and all liability of any nature related to their requesting of such information. I also hereby release any individual or company contacted in connection with any such verification or investigation process from any and all liability of any nature related to their statements in response to such questioning, including, but not limited to, any claims of defamation or invasion of privacy.

I understand that Lakeside Plastics, Inc., in compliance with the Immigration Reform and Control Act of 1986, will hire only individuals legally authorized to work in the United States. I agree to provide proof of my legal ability to work upon an offer of employment.

I agree that, if I am employed, I will abide by all rules and regulations of Lakeside Plastics, Inc. I further understand that unless specifically agreed to in a written Employment Agreement between Lakeside Plastics, Inc. and myself, that if I become employed by Lakeside Plastics, Inc., my employment will be "at will", meaning that either party may terminate our employment relationship at any time, with or without cause. No employee of Lakeside Plastics, Inc. may make any oral representations or oral commitments to the contrary.

I have read and understand this Applicant's Statement and attest that all representations made herein are accurate and complete with no incidental omissions.

APPLICANT SIGNATURE

(First Name Last Name)

DATE