

27600 Lakeland Blvd. Euclid, OH 44132 www.amdplastics.com 216.289.4862 (P) 216.289.4863 (F) dturner@amdplastics.com

## **EMPLOYMENT APPLICATION**

Name:
Address:
City, State, Zip:
Cell Phone:
Home Phone:
Location you're seeking employment:
Position desired:
Date you can start:
Are you currently employed?
Salary desired:
Education – Name & Location of School – Grade completed – Degree / Specialty – Dates
High School:
College:
Technical:
Military Service – Branch – Active or Reserve – Rank / Specialty –Dates Served – Honorable Discharg
Special Skills:
Additional Training:

Current / Previous Employer – Address – Type of Business – Employment Dates – Job Title – Duties – Salary – Reason for leaving – Supervisor's name and phone

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Have you applied for employment with us	previously?	Yes	No
What is your preference for which shift (us	se a, b, c – or N/	(A)	
Days			
Afternoons			
Nights			
Are you available to work over-time ( Y 1	N ) and weeker	nds ( Y N )?	
Which would you prefer – Full Time or Pa	rt Time (less th	an 30 hrs. / week)	?
Do you have reliable transportation to get	to and from wo	rk? Yes	No
Do you have a valid driver's license?	Yes	No	
Are your driving privileges suspended?	Yes	No	
Have you ever worked for AMD Plastics, D	DLB Extrusions,	or Azimuth Custo	om Extrusions previously
If yes, when?			
What was the reason for leaving?			
Do you have relatives employed here?	Yes	No	
If yes, please list names and positions		<del> </del>	

Are you subject to any agreement that limits your ability	to disclose bus	siness or techn	iical informa	ition tha
is considered confidential by a previous employer?	Yes	No		
Have you ever been convicted of a crime that has not be	en expunged b	y a court?	Yes	No
If yes, please explain.				
For the purposes of compliance with the Immigration Remployment in the United States? ( Y N ) Document References – Name – Address – Phone – Relationship	eform and Con	trol Act, are y	ou legally eli	
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