



# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

You can save and email a copy of this application to [hr@atlas-plastics.com](mailto:hr@atlas-plastics.com)

(Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you 18 years of age or older:  Yes  No

If hired, can you provide written evidence that you are authorized to work in the United States?  Yes  No

## Education

Type	Name/ Location	Course of Study	Years Completed	Degree/Diploma
High School				
College				
Technical or Other				

## Employment Record (List your last three jobs beginning with the most recent)

Company Name City and State	Kind of Work	Date the job		Rate of Pay	Reason for Leaving
		started	ended		

Position desired: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Date you can begin work: \_\_\_\_\_ Days or Nights Preferred? \_\_\_\_\_

How were you referred to Atlas Precision? \_\_\_\_\_

For shift position, choose:

Day (7am-7:30pm)

Night (7pm-7-30am)

Do you have any relatives who are employed at Atlas Precision?  Yes  No

If yes, who? \_\_\_\_\_

Have you ever been convicted of a felony:  Yes  No

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional membership, hobbies, etc.

\_\_\_\_\_  
\_\_\_\_\_

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## U.S Military Service

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank and Type of Service: \_\_\_\_\_

Training and Experience Received: \_\_\_\_\_

### References (Do NOT include Relatives)

Name	Occupation	Years Known	Address	Telephone number

### Applicant's Statement:

I understand that Atlas Precision follows an "employment-at-will" policy, in that the employer or I may terminate my employment at any time, or for any reason consistent with the applicable state or federal laws; this "employment-at-will" policy cannot be changed orally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization, and identity. Failure to submit such proof will result in denial of employment.

I understand that this application will be considered of a period of 30 days and I may reapply after 30 days.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or omission shall be sufficient cause of dismissal or refusal of employment.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information you provided is accurate and complete?

\*\* Please note \*\*

A pre-employment drug test will be administered as a condition of employment.