



## EMPLOYMENT APPLICATION

Thank you for considering a career with Injection Molding Solutions, LLC. Please provide complete employment application information, as an incomplete application may affect your consideration for employment.

Injection Molding Solutions, LLC is an Equal Employment Opportunity employer and does not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. Please contact Human Resources to request a reasonable accommodation to complete any forms or otherwise participate in the application process.

### YOUR PERSONAL INFORMATION

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Current Mailing Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Email Address</b>	
<b>Are you legally authorized to work in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you at least 18 years old?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you worked for this Company before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If so, when?</b>	
<b>How did you hear about us?</b>		
<b>What is changing in your current situation to make you consider other employment opportunities?</b>		
<b>What is your desired salary/pay rate?</b>	<b>What is your desired position?</b>	<b>What is your desired shift?</b> <input type="checkbox"/> 1 <sup>st</sup> shift: 7:00am – 3:30pm (Monday- Friday) <input type="checkbox"/> 2 <sup>nd</sup> shift: 2pm- 12:30am (Monday – Thursday) <input type="checkbox"/> 3 <sup>rd</sup> shift: 9pm – 7:30am (Monday – Thursday)

**EDUCATION – PROVIDE HIGHEST LEVEL OF EDUCATION**

**School/Institution Name**

**Area of Study**

GED    High School Diploma    Associates Degree    Bachelor’s Degree

Other, specify: \_\_\_\_\_

List any professional memberships, work related certifications or licenses you feel help qualify you for the position for which you are applying.

**EMPLOYMENT RECORD**

List all employment experience for the past seven years, starting with the *most recent or present employer*, including US Military Service. Using a separate section for each position, describe in detail all work experience.

**Employer**

**City**

**State**

**Your Job Title**

**Start Date (MM/YY)**

**End Date (leave blank if current)**

**Description of work duties**

**Reason For Leaving**

**Employer**

**City**

**State**

**Your Job Title**

**Start Date (MM/YY)**

**End Date (leave blank if current)**

**Description of work duties**

**Reason For Leaving**

Employer	
City	State
Your Job Title	
Start Date (MM/YY)	End Date (leave blank if current)
Description of work duties	
Reason For Leaving	

**PLEASE READ CAREFULLY BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. It may also be conditioned upon my signing a consent to conduct a background investigation.

If offered a job, I understand that employment with the Company is also contingent on my agreeing to and signing a nonsolicitation, non-disclosure, and/or other similar agreements. I also agree to notify the organization during the pre-employment process of any non-solicitation, non-disclosure, and/or other similar agreements that I may have already signed with current and former employers.

I understand that this application does not create a contract of employment. If employed, I agree and understand that my employment is at will and does not have a specified term; it is based upon mutual consent and may be terminated for any lawful reason, with or without cause by either party (Injection Molding Solutions, LLC or me) without prior notice to the other, unless otherwise prohibited by law.

Neither the at-will nature of the employment relationship, nor any policy, procedure or condition of employment can be changed unless in a written document signed by an officer of Injection Molding Solutions, LLC.

I understand and consent to the technical processing and transmission of the application, including my personal information, which may involve (a) transmissions over various networks, including the transfer of this information to the United States and/or other countries for storage, processing and use by Injection Molding Solutions, LLC, its affiliates, and their agents; and (b) changes to conform and adapt to technical requirements of connecting networks and devices..

I certify that all the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

**Applicant Signature**