

APPLICATION FOR EMPLOYMENT

LOUISIANA PLASTIC INDUSTRIES

501 Downing Pines Road

West Monroe, LA 71291

GENERAL INFORMATION

Name: (Last)	(First)	(Middle Initial)	Home Telephone:
Address:	City:	State:	Zip:
Email Address:	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Referred By:

POSITION

Position or Type of Employment Desired:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired:		
Date Available:		

EDUCATION AND TRAINING (Most Recent First)

Name and Location	Graduated	Number of Hours/Credits	Degree Earned	Major or Subject
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License, Certification or Registration:	Number:	Where Issued:	Expiration Date:	

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

--

VETERAN INFORMATION

Branch of Service:	Date of Entry:	Date of Discharge:
--------------------	----------------	--------------------

Document Reference: **HR 1.1.1 Application for Employment**

Revision 1 10th April 2018

Owned by: Quality Assurance Manager

Authorized By: President

OVER



WORK EXPERIENCE (Most Recent First)

Employer:			Location:		
Job Title:			Telephone Number:		
From: To:	Hours Per Week:	Last Salary:		Supervisor:	
Specific Duties:					
Reason For Leaving:				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:			Location:		
Job Title:			Telephone Number:		
From: To:	Hours Per Week:	Last Salary:		Supervisor:	
Specific Duties:					
Reason For Leaving:				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:			Location:		
Job Title:			Telephone Number:		
From: To:	Hours Per Week:	Last Salary:		Supervisor:	
Specific Duties:					
Reason For Leaving:				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify the information contained in this application is true, correct and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant: _____ **Date:** _____

Interviewer's Comments:

Document Reference: **HR 1.1.1 Application for Employment**

Revision 1 10th April 2018

Owned by: Quality Assurance Manager

Authorized By: President

OVER

