

# Application For Employment



All applicants will be considered for employment without regard to race, religion, gender, sexual orientation, national origin, age, disability, marital or veteran status or any other status protected by law. We are an Equal Opportunity Employer.

**PLEASE PRINT OR TYPE**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Were you referred to Falcon by a Falcon employee?  Yes  No If yes, who referred you? \_\_\_\_\_

Are you 18 years of age or older?  Yes  No  
 Are you authorized to work in the United States?  Yes  No  
 Have you ever applied to work here before?  Yes  No If yes, enter date \_\_\_\_\_  
 Were you ever employed by us before?  Yes  No If yes, enter date \_\_\_\_\_  
 Are you employed at the present time?  Yes  No  
 If yes, may we contact your present employer?  Yes  No  
 Have you been know by another name by past employers?  Yes  No If yes, please list \_\_\_\_\_

Date you are available to start work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Wages or Salary desired: \$ \_\_\_\_\_ per \_\_\_\_\_

What type of employment are you applying for?  full-time  part-time  full-time temp  part-time temp

What shift(s) are you interested in working?  
 Madison, SD  1<sup>st</sup> shift 8am-4pm  2<sup>nd</sup> shift 4pm-12pm  3<sup>rd</sup> shift 12am-8am  
 Brookings, SD  1<sup>st</sup> shift 8am-4pm  2<sup>nd</sup> shift 4pm-12pm  3<sup>rd</sup> shift 12am-8am  
 Lexington, TN  1<sup>st</sup> shift 8am-4pm  2<sup>nd</sup> shift 4pm-12pm  3<sup>rd</sup> shift 12am-8am

Listed above are our core production work schedules, at times other schedules including part time and student schedules are available. Please list any other work hours you are available: \_\_\_\_\_

If you have a shift preference, please list: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Educational Information				
Institution	Name & Location	Years Completed	Did you graduate?	Course of Study
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
	If you did not graduate from High School, do you have a GED?			<input type="checkbox"/> Yes <input type="checkbox"/> No
College				
Military Service				
	Number of years served:	Branch:	Rank at Discharge:	

**Prior Employment** (Start with most recent employer)

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Position \_\_\_\_\_ Starting Wages: \$ \_\_\_\_\_ Hr/Wk/Mo Final Wages: \$ \_\_\_\_\_ Hr/Wk/Mo  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Position \_\_\_\_\_ Starting Wages: \$ \_\_\_\_\_ Hr/Wk/Mo Final Wages: \$ \_\_\_\_\_ Hr/Wk/Mo  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Position \_\_\_\_\_ Starting Wages: \$ \_\_\_\_\_ Hr/Wk/Mo Final Wages: \$ \_\_\_\_\_ Hr/Wk/Mo  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Special Qualifications or Skills**

Describe qualifications or skills you have acquired through special training, employment or general experience.

**Personal References**

List two personal references. (exclude relatives or former employers).

Name	Address	Telephone
_____	_____	( ) _____
_____	_____	( ) _____

**Drug Free Workplace Policy:** Falcon Plastics is committed to a drug-free workplace. All job applicants after being offered and accepting a position at Falcon Plastics will be asked to submit to a substance abuse testing as a condition of employment. Any applicant with a confirmed positive test result will be denied employment. For complete information and guidelines on our Drug-Free Workplace Program please contact the Human Resource Department.

I authorize investigation of all statements contained in this application and release authority to obtain reference checks from my past employers. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without any previous notice or without cause.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# Voluntary Disclosure Record Falcon Plastics



Our policy is to provide equal employment opportunity to all applicants for employment without regard to race, religion, gender, age, sexual orientation, national origin, disability, marital or veteran status, medical condition or handicap, or any other legally protected status. We are required to collect certain personal information from our applicants and employees in order to comply with the U.S. Government Affirmative Action Programs.

### Completion of this form is entirely voluntary.

If you choose to provide the information requested below, you are assured that it will be kept confidential and separate from your application form. This information is not a requirement for employment and will not be a factor regarding the decision to hire.

**Please print or type**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

### Check one of the following:

- Male       Female

### Check any of the following that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian / White         | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Hispanic or Latino        | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

In accordance with United States Department of Labor regulations, federal contractors are required to provide an opportunity for handicapped individuals, disabled veterans and Vietnam era veterans to identify themselves when applying for employment. **Identification is entirely voluntary and confidential.** The information provided will only be used in strict accordance with U.S. Department of Labor regulations. If you wish to be identified, please check any of the following that apply:

- Handicapped individual  
 Disabled Veteran  
 Vietnam Era Veteran  
 Persian Gulf Veteran

The above information is voluntarily provided by me. I understand it is for record-keeping only and is not part of my application or a requirement for employment. **It will be filed separately and kept confidential.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date