

Print in BLACK INK or TYPE - Fill out all application forms completely. E-mail completed applications to [slippiatt@mcneelyplastics.com](mailto:slippiatt@mcneelyplastics.com).

1. Resumes will not be accepted in lieu of application.
2. All spaces must be filled in or represented as "n/a"
3. No application will be accepted if any spaces are empty
4. Application form must be signed when completed.

**Please Read The Following Statements Carefully And Indicate Your Understanding  
And Acceptance By Signing In The Space Provided**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

***This Application Must Be Signed:***      SIGN HERE:

\_\_\_\_\_

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

**Applicant Information:**

Last Name:			First Name:			M.I.		Date:											
Street Address:								Apartment / Unit #:											
City:			State:			Zip:													
Phone:			Email Address:				Desired Salary:												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													DESIRED LOCATION:				SHIFT AVAILABILITY:		
Date Available:			CLINTON GALLMAN																
What Position Are You Applying For?																			

**If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:**

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (State or authority) (City & State)	License No.
			City: _____ State: _____	
			City: _____ State: _____	
			City: _____ State: _____	
			City: _____ State: _____	



### Questions:

Are you a citizen of the United States? YES  NO

If no, are you authorized to work in the United States? YES  NO

Are you a veteran? YES  NO

If yes, please supply Duty/specialized training:	
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Are you 18 years of age or older? YES  NO

Are you currently Employed? YES  NO

If yes, where?	
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Have you ever been employed by this company? YES  NO

If yes, when? Date:	
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Do you have any relatives employed by this company? YES  NO

If yes, who? Name:	
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Have you ever been convicted of a felony? YES  NO

Name:	
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If yes, please explain:	
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Do you have reliable transportation for work? YES  NO

If no, please explain:	
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Do you have a valid Drivers License? YES  NO

If no, please explain:	
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If offered a job, will you be willing to work any shift? YES  NO

If no, please explain:	
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### Education: (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School:
Address:

From: <input type="text"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
To: <input type="text"/>	Did you graduate? NO <input type="checkbox"/>	If no, did you get your GED? NO <input type="checkbox"/>

High School location:	
If yes, name and location of high school or GED institute:	
GED institute location:	

College:
Address:

From: <input type="text"/>	YES <input type="checkbox"/>	Degree: <u>Type and Major/Minor Fields of Study</u>
To: <input type="text"/>	Did you graduate? NO <input type="checkbox"/>	

Other:
Address:

From: <input type="text"/>	YES <input type="checkbox"/>	Degree: <u>Type and Major/Minor Fields of Study</u>
To: <input type="text"/>	Did you graduate? NO <input type="checkbox"/>	

**Employment History** - This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.
2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

NOTE: All gaps in employment must be accounted for. If you need additional space to adequately describe your employment history, you may print this page and use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

**NAME:**

\_\_\_\_\_ Last Name (please print)      \_\_\_\_\_ First Name (please print)      \_\_\_\_\_ Middle Name (please print)

Company:					Phone: <input type="text"/>									
Address:					Supervisor:									
City:					State:					Zip Code:				
Starting Date			Leaving Date			Starting Salary:		Technical:		If supervisory, number of employees you supervised: <input type="text"/>		May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.	Leaving Salary:		Non-Managerial:						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
Supervisory/Managerial:		<input type="text"/>												

Your Job Title: \_\_\_\_\_

Summary of experience including special training/skills/qualifications you have in the performance of this job:

Specific reason for leaving: \_\_\_\_\_

For Office Use Only:

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

1.
2.
3.
4.
5.

Company:						Phone: <input type="text"/>												
Address:						Supervisor:												
City:						State:						Zip Code:						
Starting Date			Leaving Date			Starting Salary:						Technical:						
Mo.	Day	Yr.	Mo.	Day	Yr.	Leaving Salary:						Non-Managerial:			If supervisory, number of employees you supervised: <input type="text"/>			
												Supervisory/Managerial:						
May we contact your previous supervisor for a reference?															YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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												Supervisory/Managerial:						
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1.
2.
3.
4.
5.

**References:** Please provide three professional references of individuals from your previous employment. (Do Not list relatives or friends).

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	For Office Use Only:
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Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	For Office Use Only:
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Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	For Office Use Only:
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**References:** Please provide three personal references of individuals from your previous employment.

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	For Office Use Only:
---	----------------------

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	For Office Use Only:
---	----------------------

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	For Office Use Only:
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