

## **Application for Employment**

Recruitment & Examination Division 1400 East 222<sup>nd</sup> St / Euclid, OH 44117 Phone: ( 216) 531-3400 / Fax (216) 531-3401

Web Address: www.noramcobag.com Equal Opportunity Employer

POSITION FO									For Former/Current Employees Only:
YOU ARE API	rling:							,	Γransfer ☐ Reemploy ☐
Check <b>all</b> that you may be interested in: Full-Time Part-time Job-Share							: 🗆		
Last Name First Name						Middle Initial			
Mailing Address	S				City				
State	Zip	Cell Telepho	ne No.	Home	Telephone No	).	Business Phone No.	E-N	Mail Address
Driver's Licenso	e #	State	Expiration	Date			Operators (Private Vehic	le)	License Class
		CDL (present license for HR to copy)				nv)	Endorsement		
	37. 2 T	) C 0 (A)	. 1	CDD01	1.4 1/ .			237	
		•					nnected disability)		Yes No
	viction is not	an automatic b		ment. E	Each case is con	nside	d yes, please complete the red on its individual merits e of Conviction	s).	(Inaccurate information here will result in disqualification.)  ☐ Yes ☐ No
	Are any of your educational or employment records found under a different last name? If yes, please give the last name. Previous Last Name Yes						☐ Yes ☐ No		
	you <b>currently</b> employed by the Government? If yes, please give:  **Department/Division**  **Test No**  **T						☐ Yes ☐ No		
	Are you a former employee of the Government? If yes please give:  Last Date(s) of Employment Department / Division  Y						☐ Yes ☐ No		
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> Date and Reason							☐ Yes ☐ No		
(Continue listing Name	u have any relatives or friends working for North American Plastics? If yes, please complete the following: nue listing relatives on a separate page if necessary)  Relationship  Department  Yes No								
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.				k	☐ Yes ☐ No				
Have you ever a	pplied with th	he company?							☐ Yes ☐ No
			Refe	rences					For Office Use Only: Date and Time Received
	Nan	ne			Т	elepl	none Number		<u> </u>
									Accepted by: [ ]

EDUCATION AND TRAINING								
ELEMENTARY AND HIGH SCHOOL EDUCATION								
Highest Grade Completed (choose one)           □1         □2         □3         □4         □5         □6           □7         □8         □9         □10         □11         □12	a GED?	from High School or obtain TES NO		n of Last School Attended or High or Elementary)				
Indicate the <b>number</b> of courses completed in each subject: algebra biology bookkeeping								
1								
Related Special Training (Correspon	donos Pusinoss Tr		geometry tri					
Names and Locations of School	Dates Attended (Mo & Yr) From To	Courses/Subjects Comple	Cred	it Diplomas/Certificates				
COLLEGES	AND UNIVERSIT	 TIES ATTENDED (UNDERGRA	 	ATE)				
COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)  **Must be from a recognized accredited school - Bring original transcript with initial application**								
		SKILLS	0.1					
	Prafting		Other software	Languages spoken and written FLUENTLY				
		Word/WordPerfect	<u> </u>					
Approach	ypingwpm	PowerPoint	<del></del>					
Also include specific software Ask about PC skills exams and provide								
Tisk dood Te skins exams and provide	se original continuation	es of courses completed.						
	EN	MPLOYMENT HISTORY						
May we contact your present employer?	YES NO	Comment:						
Starting Date month / day / year n	Ending Date onth / day / year	Employer/Company Name and a	address (city and state	are required)				
Paid Work Volunteer	Hours per Week	Name & Title of Immediate Sup	ervisor	Telephone Number				
Reason for Leaving								
Title of Position Held  Number & Job Title of Employees you Supervised								
Describe job responsibilities in order of in	mportance:	•						

2	Starting Date month / day / year		Ending Date onth / day / year	Employer/Company Name and address (city and state are required)				
Paid Work Volunteer Hours per Week			Name & Title o	f Immediate Supervisor	Telephone Number			
Reason fo	r Leaving							
Title of Position Held				Number & Job Title of Employees you Supervised				
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Reason fo	r Leaving							
Title of Position Held					Number & Job Title of Employees you Supervised			
Describe j	ob responsibilities in orde	er of im	nportance:					
	•		•					
Signature:				Date:				

\*I certify that all the information submitted by me on this application is accurate and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected an, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president and then only when in writing and signed by the president, has any authority to enter into any agreement for the employment for any specific period of time, or to make any agreement to contrary to the foregoing.

The employment is "at will" - that is, both employer and employee are free to end the relationship at any time.