

Application for Employment

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

							Web 2		ess: www.noramcobag.com qual Opportunity Employer
POSITION FO YOU ARE APP									For Former/Current Employees Only: Fransfer Reemploy
Check all that	you may be	interested in:	Full-Tim	ne 🗌	Pa	rt-ti	me 🗌 Job-S	hare:	
Last Name					First Name				Middle Initial
Mailing Address					City				
State	Zip	Cell Telephor	ne No.	Home	e Telephone No. Business Phone No. E-M			E-M	lail Address
Driver's License	#	State	Expiration	Date			Operators (Private Vehicle	;)	License Class
				CDL (present license for HR to copy)			y)	Endorsement	
Are you claiming	g Veteran's P	reference? (At	tach a copy o	of DD21	14 and/or servic	ce co	nnected disability)		Yes No
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). Nature of OffenseName & Location of CourtDate of Conviction						(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. <i>Previous Last Name</i>						Yes No			
Are you currently employed by the Government? If yes, please give: <i>Department/Division</i>						Yes No			
Are you a former employee of the Government? If yes please give: Last Date(s) of Employment Department / Division						Yes No			
Have you ever be reason. <i>Employ</i>		ed or forced to		any posi and Reas		ease	give employer, date and		Yes No
Do you have any relatives or friends working for North American Plastics? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) NameDepartmentNameRelationshipDepartment						Yes No			
If hired, are you issued by the U.S.							your authorization to work to appointment.		Yes No
Have you ever a					· · · · ·				Yes No
-									For Office Use Only

Have you ever applied with the company?		🗌 Yes 🗌 No	
Refe	For Office Use Only: Date and Time Received		
Name			
		Accepted by: []	

	EDU	CATION AND TRAINI	NG				
ELEMENTARY AND HIGH SCHOOL EDUCATION							
Highest Grade Completed (choose one)	-	rom High School or obtain	Name and I (High Scho	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: Location:			
<u>□7 □8 □9 □10 □11 □12</u>	Y	ES 🗌 NO					
Indicate the number of courses completed in each subject: algebra biology bookkeeping							
calculus geometry trigonometry							
Related Special Training (Correspon	1	des, Vocational, Armed Fo	rces Schools, Etc	provide origi	nal doc's for HR to copy)		
Names and Locations of School Dates Attended From T		Courses/Subjects C	ompleted	Credit Hours	Diplomas/Certificates Received		
COLLEGES **Must be from a recog		 IES ATTENDED (UNDER school - Rring origin					
		SKILLS					
Access Hansen I		Excel/Lotus	Other software	2	Languages spoken and written FLUENTLY		
		Word/WordPerfect					
Approach Typing wpm PowerPoint							
Also include specific software Ask about PC skills exams and provide							
	EN	IPLOYMENT HISTOR	Y				
May we contact your present employer?	YES NO	Comment:					
1 Starting Date month / day / year Ending Date month / day / year Employer/Company Name and address (city and state are required)							
Paid Work Volunteer Hours per Week Name & Title of Immediate Supervisor Telephone Number				ephone Number			
Reason for Leaving							
Title of Position Held Number & Job Title of Employees you Supervised							
Describe job responsibilities in order of importance:							

	Starting Date	Ending Date				
2	month / day / year	month / day / year				
		Hours per Week	Name & Title of Immediate Supervisor Telephone		Telephone Number	
Paid	Work Volunteer					
Reason fo	r Leaving					
Title of Po	osition Held			Number & Job Title of Emplo	oyees you Supervised	
Describe j	ob responsibilities in ord	er of importance:				

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)			
Paid Work Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number		
Reason fo	or Leaving					
Title of Position Held Number & Job Title of Employees you Supervised						
Describe job responsibilities in order of importance:						
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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.