

MIDWEST ELASTOMERS INC.

700 Industrial Drive, P.O.Box 412, Wapakoneta, OH 45895 Phone: 419-738-5427, FAX: (419) 738-4411

APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Name	Social Security Number		
Email Address:			Telephone Num	ıber	
Present Address (Str	eet, City, State, Zip Code)				
If you have lived at the	nis address less than 6 mont	ths, list your previous add	Iress		
Position(s) Applying	For:		Date of Applicat	tion	
Type of work preferre	ed: Fulltime Part-time	□ Temporary			
Are you a U.S. citizen	or otherwise authorized to	work in the U.S.?	Yes	□ No	
Are you over 18 years	s of age?		Yes	□ No	
Have you ever filed a	n application or been employ	yed with us before?	Yes	□ No	
If yes, give date				_/	
Are you related to any	yone at Midwest Elastomers	?	□ Yes	□ No	
If yes, give name		<u> </u>			
On what date would y	ou be available for work?			_/	
Are you willing to wor	k weekends?		Yes	□ No	
Are you willing to wor	k overtime?		Yes	□ No	
Will you work any shift	ft? □ Yes □ No. If no	o, specify shift	🗆 1 st 🗆 2	2 nd □ 3 rd	
Do you have a valid D	Oriver's License?		Yes	□ No	
If no, what is the statu	us of your Driver's License _				
Do you have transpor	tation to work?		Yes	□ No	
Are you able to meet	the attendance requirements	s of the position?	Yes	□ No	
Have you ever been o	convicted of a felony or a dru	ıg-related offense?	Yes	□ No	
If yes, please explain:	·				

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_	ever been discharged (fired)	or asked to quit a	a previous emp	loyer?		Yes [□ No
	ise explain:						
	ysically or otherwise unable						
Can you re	ead, write and perform basic	math calculations	s?		🗆	Yes [□ No
Will you re	locate, if the job requires it?					Yes [□ No
Will you tra	avel, if the job requires it?					Yes [□ No
EDUCATION	ON						
		Circle Last					
School	Name and Location	Full Year	Major	Degree	Grade	Grad	uate
		Attended			Avg.	Yes	No
High		9 10 11 12					
College		123456					
College		123456					
Other		123456					
List any ot	her experiences, skills, or qu	ualifications, which	n you feel would	d especially	qualify	you fo	r the
specific typ	pe of work desired (e.g. com	puter skills, speci	alized training,	significant	accompl	shme	nts):
	· -						
Describe a	ny educational course(s) or	program(s) you a	re currently en	rolled in, an	d indicat	e exp	ected
completion	date:						
-							
List other v	work experience and/or skills	s, knowledge, tale	nts, business li	censes, or	other job	-relate	ed
experience	es not covered elsewhere:						

Please make any additional comments, which you feel would be pertinent to your application (e.g. hobbies, scholastic or other honors, fluency in a foreign language):					

EMPLOYMENT HISTORY

List current then previous employment, including military service, starting with most recent. Use additional sheets if necessary. Do not use "See Resume". If lapses occurred between periods of employment, give dates and reason for unemployment.

From Mo. / Yr.	Company Name & Address	Type of Business	Position Held & Brief Description of Job Duties	Salary	Reason for Leaving
				Starting:	
				Per:	
To Mo./Yr.		Supervisor Name & Title		Final:	
	Telephone:			Per:	May we check references? _Yes _ No
From	Company Name & Address	Type of Business	Position Held &	Colony	Reason for
Mo. / Yr.	Company Name & Address	Business	Brief Description of Job Duties	Salary Starting:	Leaving
				Per:	
To Mo./Yr.		Supervisor Name & Title		Final:	
	Telephone:			Per:	May we check references? _Yes _ No
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				Per:	
To Mo./Yr.		Supervisor Name & Title		Final:	
	Telephone:			Per:	May we chec references? _Yes _ No
	1				
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_				Starting:	
				Per:	

To Mo./Yr.		Supervisor Name & Title	Final:	
	Telephone:		Per:	May we check references? _Yes _ No

From Mo. / Yr.	Company Name & Address	Type of Business	Position Held & Brief Description of Job Duties	Salary	Reason for Leaving
				Starting:	
				Per:	
To Mo./Yr.		Supervisor Name & Title		Final:	
	Telephone:			Per:	May we check references? _Yes _ No

REFERENCES

List three references who know your qualification (e.g. previous supervisors, professors, etc. – NOT relatives).

Complete Name	Relationship to you	Years Known	Address	Telephone

AUTHORIZATION (Please read carefully)

I authorize Midwest Elastomers Inc. to verify any information I have provided and I further authorize any of the named schools, companies or persons listed to provide any information about me contained in their records. I understand and agree that any misrepresentation by me in this application may be sufficient cause for cancellation of the application and/ or separation from Midwest Elastomers, if I have since been employed. Submission of this Application does not entitle me to be interviewed by Midwest Elastomers. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Midwest Elastomers to provide any benefit to me.

I recognize Midwest Elastomers' right to require an employment health assessment. I further understand that submitting to various tests, including drug tests, is a condition of my employment, and I agree to cooperate in their administration. I understand that should I be hired for the position for which I am applying, either Midwest Elastomers or I may terminate the working relationship at any time and for any reason. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Midwest Elastomers specifically acknowledges such change in writing. I further understand that if employed my wages and position may change, but my status as an employee at will, will never change during my employment. Midwest Elastomers Inc. is an Equal Opportunity Employer and provides equal employment opportunity to all applicants for employment in accordance with applicable federal, state and local laws.

Should Midwest Elastomers employ me, I agree to comply with any and all employment rules and company policies.

I have read and fully underst	and the above.
 Date	Signature
• •	est Elastomers Inc. Your application will be maintained in an active status for two (2) lication active, you must reapply after this time period has elapsed.

MIDWEST ELASTOMERS INC. 700 INDUSTRIAL DRIVE P.O. BOX 412 WAPAKONETA, OH 45895 Phone: (419) 738-5427 HR Dept Fax: (419) 738-4411 hr@midwestelastomers.com

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