



**New Berlin Plastics, INC.**  
CUSTOM INJECTION MOLDING

5725 S. Westridge Drive  
New Berlin, WI 53151

Equal Opportunity Employer

**Employment Application**

*(Please print)*

<b>Date</b>	<b>Personal Information</b>					
	Last Name, First, Middle			Date of Application		
	Home Address		City	State	Zip Code	Home Phone (Including Area Code)
	Social Security Number	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate Phone Number (Including Area Code)	
	Position Applied For	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift <input type="checkbox"/> Any <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	Date Available	Salary Requested	
	Names of Relatives Employed by our company		Have you worked here in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____			
	How were you referred to our company?		Have you applied here in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____			
			Have you ever been discharged or suspended by a previous employer? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain			
<b>Name</b>	List all convictions and pending criminal charges, other than minor traffic violations. (No applicant will be denied a position because of a conviction or pending criminal charge that the company determines is not substantially related to the circumstances of the job being sought).					

**Education**

School	Name & Location (City, State)	No. of Years Attended	Diploma/Degree	
			Yes	No
High School				
Undergraduate College/University				
Trade, Professional, Graduate				

**Other Relevant Education and Experience**

Describe any specialized training, apprenticeships, certifications, skills, extra-curricular activities or additional experience you believe should be considered when determining your qualifications for the position for which you are applying.


## Employment History

Starting with most recent employer first, list all positions held. If currently employed, may we contact your employer?  Yes  No

Name of Employer	Address	Telephone (Including Area Code)	
Position	Supervisor (Name & Title)	Starting Date	Ending Date
Primary Duties	Reason for Leaving	Starting Salary	Ending Salary

Note: If unemployed between jobs, please explain:

Name of Employer	Address	Telephone (Including Area Code)	
Position	Supervisor (Name & Title)	Starting Date	Ending Date
Primary Duties	Reason for Leaving	Starting Salary	Ending Salary

Note: If unemployed between jobs, please explain:

Name of Employer	Address	Telephone (Including Area Code)	
Position	Supervisor (Name & Title)	Starting Date	Ending Date
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Note: If unemployed between jobs, please explain:

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Note: If unemployed between jobs, please explain:

Name of Employer	Address	Telephone (Including Area Code)	
Position	Supervisor (Name & Title)	Starting Date	Ending Date
Primary Duties	Reason for Leaving	Starting Salary	Ending Salary

## Employment References

Please list individuals familiar with your job qualifications, experience, training and capabilities, such as former supervisors. You may want to notify the people listed below that you have provided their names as employment references. Do not list friends or relatives.

Name	Company & Working Relationship	Years Acquainted	Day Telephone # (Including Area Code)	Evening Telephone # (Including Area Code)

### To Be Read, Understood, Dated and Signed by Applicant

I certify that this application was completed by me, and all information is true, correct and complete without misrepresentation or omissions to the best of my knowledge. I authorize the company to make any and all investigations of the statements made herein.

I hereby release from any and all liability, all representatives of the company for their acts performed in connection with evaluating my application, background, credentials, and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed on the application form) to release any information that they may have about me, including all of my personnel records with prior employers. I also release from any and all liability all persons, companies, schools and organizations (and such persons connected with them) who provide such information, from all liability for any damage for giving this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, then the company may deny me employment or terminate my employment, and I agree that the company shall not be liable in any respect if it does so.

I also understand that my employment is contingent upon satisfactory completion of a drug screen and an investigation of my work record and references. I consent to pre-employment drug screen and such further examinations as maybe required.

I understand that if I am employed, any such employment is not binding on either party for any specific period of time, and that if employed I will be an employee-at-will, except where state statutes supersede.

Finally, I am required, if employed, to follow all rules and regulations of the company.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **This Space is for Employer's Use**

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

Comments: \_\_\_\_\_

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