



Marshall Plastic Film

Human Resources Department • 904 East Allegan Ave • Martin, MI 49070-0125

Employment Application

Name _____ Social Security Number* _____
Last First Middle

Address _____ Telephone _____
Number and street City State Zip Code

Position desired _____ Department _____

Can you perform the job functions of the position for which you are applying, without a reasonable accommodation? ** Yes No

If no, please describe the accommodation you believe is needed, if any. _____

Have you ever worked at MPF before? Yes No If so, give dates. _____

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Do you have relatives, excluding a spouse, working here? Yes No If yes, state name and relationship _____

Have you ever been suspended, fired, or asked to resign from any position? Yes No If yes, give details _____

Are you presently under arrest for a felony? Yes No If yes, give details _____

Have you ever been convicted of, plead guilty to, or no contest to a crime other than a traffic violation? Yes No If yes, give details _____

Education	Institution	Degree and Major	Degree Received (Yes/No)	Average Grade
High School				
Trade School				
College				
Other				

* The disclosure of this number is voluntary. If hired, it is mandatory that you provide this number for withholding taxes, medical insurance, and identification purposes, pursuant to 26 USCA Sections 6051 and 3402(F) (5).

** The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

MARSHALL PLASTIC FILM IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.

(Under the Michigan Handicappers' Civil Rights Act any handicapper who needs an accommodation must notify the employer in writing of the need for accommodation within 182 days after the date the handicapper knew, or reasonably should have known, that an accommodation was needed.)

Employment History (List all employment history with most recent first. Attach additional sheets if necessary.)

Employer _____ (_____) _____
 Name Address Telephone
 Date hired _____ Date left _____ Title of position _____ Full-time _____ Part-time _____ Hours/week _____
 Specify work performed: _____
 Supervisor _____
 Reason for leaving _____
 May we contact this employer if you are being considered for a position? _____ Yes _____ No

Employer _____ (_____) _____
 Name Address Telephone
 Date hired _____ Date left _____ Title of position _____ Full-time _____ Part-time _____ Hours/week _____
 Specify work performed: _____
 Supervisor _____
 Reason for leaving _____
 May we contact this employer if you are being considered for a position? _____ Yes _____ No

Employer _____ (_____) _____
 Name Address Telephone
 Date hired _____ Date left _____ Title of position _____ Full-time _____ Part-time _____ Hours/week _____
 Specify work performed: _____
 Supervisor _____
 Reason for leaving _____
 May we contact this employer if you are being considered for a position? _____ Yes _____ No

References	Name	Address	Phone	Business	Years Acquainted
1.					
2.					
3.					

I certify that information given in this application and related documentation is true and complete without qualification. I understand that Marshall Plastic Film may investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals and employers named, except as specifically limited on this application, to provided any and all information concerning my previous employment and any other information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation or omission of facts by me can result in immediate discharge regardless of when discovered by MPF. I also understand and acknowledge that, if hired, MPF will determine my employment and compensation. The employment relationship will remain terminable at will, that is, my employment can be terminated with or without cause and with or without notice, at any time by MPF, unless I sign an agreement to arbitrate a contract claim relating to termination of employment. In the event I am eligible to sign an agreement to arbitrate as stated in the Plastic Industry and do so, I then will be treated as a satisfaction employee following completion of a probation period. I further understand and agree that these employment terms can only be modified by the President in writing, provided that the writing specifically acknowledges that it is a modification of these terms and is signed by the President.

Signature: _____ Date: _____