



# ISO Form Employment Application Form

**Form No.:**  
**217**

### PERSONAL DATA

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle (optional)

Present Address \_\_\_\_\_  
No. Street City State Zipcode

Home Phone No. ( ) \_\_\_\_\_ Alternate phone contact ( ) \_\_\_\_\_

Do you have relatives or friends presently or previously employed by us? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, list name and relationship \_\_\_\_\_

Have you ever worked here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When? \_\_\_\_\_ Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*Proof will be required if you are offered employment with the company\*\*

### POSITION INTEREST

Type of Position Desired \_\_\_\_\_ Minimum Wages Expected \_\_\_\_\_

List any special experience, qualifications, skills/or abilities that you would like us to consider:

Factory \_\_\_\_\_

Clerical \_\_\_\_\_

Technical \_\_\_\_\_

If your application is considered favorably, when would you be available to start work? \_\_\_\_\_

If employed now, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to work a reasonable amount of overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Check shifts(s) you are willing to work: \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd

Shift preference: \_\_\_\_\_

Do you have any physical disabilities or limitations that would interfere with your ability in performing the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

### EDUCATIONAL DATA

	NAME & LOCATION	MAJOR COURSE	GRADUATE		DIPLOMA /DEGREE
			YES	NO	
GRAMMAR					
HIGH SCHOOL/GED					
BUSINESS/TECH					
COLLEGE					
OTHER					

Please Complete Pages 2 and 3

\*\*AN EEO EMPLOYER\*\*

Plastic Design, Inc., 111 Industrial Park Rd., Middletown, CT 06457  
 Tel: (860) 632-2001 / Fax: (860) 632-1776



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WORK EXPERIENCE						
From	To	Company Name & Address	Title/Duties	Supervisor	Wages	Reason For Leaving

**REFERENCES: PREVIOUS WORK AND PERSONAL**

Work:

1) NAME: \_\_\_\_\_ COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

2) NAME: \_\_\_\_\_ COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

3) NAME: \_\_\_\_\_ COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

Personal:

1) NAME: \_\_\_\_\_ COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

2) NAME: \_\_\_\_\_ COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Name/Relationship                      Address                      Phone Numbers

**PREEMPLOYMENT STATEMENT**  
*(Please read carefully and sign the statement below)*

I understand and agree that:

1. Plastic Design, Inc. follows an employment-at-will policy, in that I or the Company may terminate my employment at any time, or for any reason. I understand that this application is not a contract of employment.
2. The information that I have provided on this application is true and complete to the best of my knowledge.
3. In processing my application for employment, the company may verify all the information provided by me.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself.

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

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Hired, Position: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Wages: Hourly \_\_\_\_\_ Salaried \_\_\_\_\_ Shift \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ (date)

Plastic Design Inc. Math E

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