

LUCKMARR PLASTICS

35735 Stanley Drive Sterling Heights, MI 48312

Application for Employment

PLEASE PRINT

Equal access to prog to the application ar							mmodation		
Position(s) applied t Referral Source	☐ Advertisen☐ Walk-in	nent 🖸 Emp	loyee 🔲 Rela ate Employment A	tive G gency GO	overnment Employ				
Name	AST		FIRST			MIDDLE			
Addressstreet						STATE ZIP CODE			
Telephone # ()_)	Social Security				
If you are under 18, If no, please explain	and it is required	l, can you furnis	th a work permit?			Yes			
Have you ever been Are you legally elig Date available for w	ible for employn	nent in this coun	try?	*************	*****************************	🔾 Yes	No No		
Type of employment Are you able to med Have you been con- If yes, please explain	nt desired et the attendance victed of a crime	☐ Full-Time requirements of in the last seven	Part-Time the position? (7) years?	☐ Tempora	ry 🖸 Seasonal	☐ Educationa	al Co-Op		
Driver's license num Employment Provide the following	nber if driving is History	an essential job	function			State .	***********		
FROM T	0	EMPLOYER				TELEPHONE ()			
JOB TITLE		ADDRESS							
IMMEDIATE SUPERVISOR	AND TITLE	SUMMARIZE THE NA	TURE OF WORK PERFOR	RMED AND JOB RESP	PONSIBILITIES				
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER							
FROM T	o ·	EMPLOYER				TELEPHONE ()			
JOB TITLE		ADDRESS		-		WHITE			
IMMEDIATE SUPERVISOR	AND TITLE	SUMMARIZE THE NA	TURE OF WORK PERFO	RMED AND JOB RESP	PONSIBILITIES				
REASON FOR LEAVING		HOURLY RATE/SALA	ARY START \$	PER	FINAL \$P	PER			

FROM	то	EMPLOYER					TELEPHONE				
							()				
JOB TITLE		ADDRESS				-					
IMMEDIATE SUPERVISO	OP AND TITLE	CHAMADIZE THE NAT	URE OF WORK PERFORM	4ED AND	OR RESDO	MICION ITIES					
IMMEDIATE SUFERVISO	DR AND TITLE	SOMMARIZE THE NAT	ORE OF WORK PERFORM	AEU ANU	JUB KESPC	NSBILITIES					
REASON FOR LEAVING		HOURLY RATE/SALARY									
			START \$	_PER		FINAL \$	PER				
Summarize any	Qualifications training, skills, licer ch you are applying	nses, and/or certif	icates that may qu				rm job-related fun	ctions in the			
				-		······································					
Educationa	l Backgroun	(1 IF JOB-RELATED)								
	NAME AND LOCATION		YEARS COMPLETE	YEARS COMPLETED DID YOU			GRADUATE? COURSE OF S				
HIGH SCHOOL											
COLLEGE					MAJOR	DEGREE	-				
OTHER								***************************************			
Deferences	-						*				
References					T						
		NAME				TELEPHONE YEARS KNOWN					
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	F I AM EMPLOYED, ANY MIS IMMEDIATE DISCHARGE F					APPLICATION WILL BE S	SUFFICIENT CAUSE FOR	CANCELLATION OF			
I GIVE THE EMPLOYER	THE RIGHT TO CONTACT A FORMATION CONTAINED IN FORMATION AND ALL OTHER	AND OBTAIN INFORMATI	ON FROM ALL REFEREN	CES, EMP	PLOYERS, E	OYER AND ITS REPRES	TIONS AND TO OTHERWIS BENTATIVES FOR SEEKIN	SE VERIFY THE IG, GATHERING			
THE EMPLOYER DOES	NOT UNLAWFULLY DISCRI	MINATE IN EMPLOYMEN	T AND NO QUESTION ON	I THIS AP	PLICATION	IS USED FOR THE PUR	POSE OF LIMITING OR E	XCUSING ANY			
THIS APPLICATION IS	CURRENT FOR ONLY 60 DA BE NECESSARY TO FILL C	YS, AT THE CONCLUSIO	N OF THIS TIME, IF I HAV				STILL WISH TO BE CONS	IDERED FOR			
IF LAM HIRED, LUNDER	RSTAND THAT I AM FREE TO	O RESIGN AT ANY TIME,	WITH OR WITHOUT CAUS	SE AND V	VITHOUT PE	RIOR NOTICE, AND THE	EMPLOYER RESERVES	THE SAME RIGHT			
TO TERMINATE MY EM CONSTITUTE AN AGRE EMPLOYER, OTHER TH	IPLOYMENT AT ANY TIME, I EEMENT OR CONTRACT FO HAN AN AUTHORIZED OFFIC AND SIGNED BY AN AUTHO	WITH OR WITHOUT CAUS REMPLOYMENT FOR AI CER, HAS THE AUTHOR!	SE AND WITHOUT PRIOR NY SPECIFIED PERIOD OF	NOTICE, R DEFINIT	EXCEPT AS	S MAY BE REQUIRED BY ON. I UNDERSTAND TH	/ LAW. THIS APPLICATIO AT NO REPRESENTATIVE	N DOES NOT OF THE			
	HIS COMPANY'S POLICY NO REQUIRED BY THE ADA.	OT TO REFUSE TO HIRE	A QUALIFIED INDIVIDUAL	. WITH A	DISABILITY	BECAUSE OF THAT PE	RSON'S NEED FOR A REA	ASONABLE			
	THAT IF I AM HIRED, I WILL	BE REQUIRED TO PROV	IDE PROOF OF IDENTITY	AND LEC	SAL WORK	AUTHORIZATION.					
I represent and v	warrant that I have r	ead and fully und	erstand the forego	oing an	d seek e	mployment unde	er these conditions				
Signature of Ap	plicant					Dat	e/_	/			
~ P	. ··· — — —										