



N.E.W. PLASTICS CORP

112 - 4TH ST. • P.O. BOX 480 • LUXEMBURG, WI 54217-0480
PHONE (920) 845-2326 • FAX (920) 845-2439

APPLICATION FOR EMPLOYMENT

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. **Please Print.** Applications not fully completed cannot be considered.

Name _____ Date _____
First Middle Last

Address _____
No. Street City State Zip

Telephone Number () Cell Phone () Email address _____

Do you have a legal right to be employed in the United States? Yes No Who referred you? _____
(proof required upon employment)

COMPANY EXPERIENCE

Have you worked for N.E.W. Plastics Corp before? _____ Dates: From _____ To _____
Month/Year Month/Year
Which Division? _____ Position _____ Reason for leaving _____

GENERAL

Are you currently employed? _____ Position applying for _____ Full Time Part Time Temporary / Summer
Rate of pay expected _____ Shift Preference 1 2 3 Other: _____

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME		PHONE NO.	EMPLOYED (MO/YR)		LAST POSITION(S) HELD	
ADDRESS, CITY, STATE, ZIP			FROM	TO	DUTIES / RESPONSIBILITIES	
NAME OF SUPERVISOR			REASON FOR LEAVING			
LIKED MOST	LIKED LEAST		STARTING WAGE \$	per <input type="checkbox"/> HOUR YEAR <input type="checkbox"/>	ENDING \$	HOURS/SHIFTS:

COMPANY NAME		PHONE NO.	EMPLOYED (MO/YR)		LAST POSITION(S) HELD	
ADDRESS, CITY, STATE, ZIP			FROM	TO	DUTIES / RESPONSIBILITIES	
NAME OF SUPERVISOR			REASON FOR LEAVING			
LIKED MOST	LIKED LEAST		STARTING WAGE \$	per <input type="checkbox"/> HOUR YEAR <input type="checkbox"/>	ENDING \$	HOURS/SHIFTS:

COMPANY NAME		PHONE NO.	EMPLOYED (MO/YR)		LAST POSITION(S) HELD	
ADDRESS, CITY, STATE, ZIP			FROM	TO	DUTIES / RESPONSIBILITIES	
NAME OF SUPERVISOR			REASON FOR LEAVING			
LIKED MOST	LIKED LEAST		STARTING WAGE \$	per <input type="checkbox"/> HOUR YEAR <input type="checkbox"/>	ENDING \$	HOURS/SHIFTS:

FOR ADDITIONAL EMPLOYERS ASK FOR A 2ND SHEET



EDUCATION BACKGROUND

Type of School	Name and City	Did you Graduate	Course or Major
College			
Technical School			
High School			
Other			

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

WORK REFERENCES

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE
NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE
NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

- Software Packages: _____
- Programming /Database: languages: _____
- Manufacturing Equipment: _____
- Other: _____

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date