
Equal Employment Opportunity Data

Application Date _____

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian
 Black or African American
 Hispanic/Latino
 Native Hawaiian/Pacific Islander
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

To be completed by employer:

EEO-1 Category:

- | | |
|--|--|
| <input type="checkbox"/> 1. Executive/Senior Level Officials & Mgrs. | <input type="checkbox"/> 6. Administrative Support Workers |
| <input type="checkbox"/> 2. First/Mid-Level Officials & Mgrs. | <input type="checkbox"/> 7. Craft Workers |
| <input type="checkbox"/> 3. Professionals | <input type="checkbox"/> 8. Operatives |
| <input type="checkbox"/> 4. Technicians | <input type="checkbox"/> 9. Laborers & Helpers |
| <input type="checkbox"/> 5. Sales Workers | <input type="checkbox"/> 10. Service Workers |

Employer information completed by:

Name

Date



ISO 9001:2000 Certified

Engineering Experts with Manufacturing Solutions

Mission Plastics, Inc.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Print

| | | | |
|---|-------------------|------------|---------------|
| _____ | _____ | _____ | _____ |
| Date | Last Name | First Name | Middle |
| Present Address | | | |
| _____ | | _____ | _____ - _____ |
| No. & Street | | City | State Zip |
| Permanent Address (if different from present address) | | | |
| _____ | | _____ | _____ - _____ |
| No. & Street | | City | State Zip |
| () _____ - _____ | () _____ - _____ | | |
| Business Phone | Home Phone | | |

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for Mission Plastics, Inc. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Mission Plastics, Inc. ? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Mission Plastics, Inc. ?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes No
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

| School | Name and Address | No. of years Completed | Did you Graduate? | Degree or Diploma |
|-----------------------------|---|------------------------|--|-------------------|
| High School | Name _____ Address _____ City _____ State _____ Zip _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| College/ University | Name _____ Address _____ City _____ State _____ Zip _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Vocational/ Business | Name _____ Address _____ City _____ State _____ Zip _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Health Care Training | Name _____ Address _____ City _____ State _____ Zip _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. () ____ - ____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____
Dates of Employment: From _____ To _____ Salary: \$ _____ per _____ \$ _____ per _____
Starting Ending
Your Position and Duties _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. () ____ - ____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____
Dates of Employment: From _____ To _____ Salary: \$ _____ per _____ \$ _____ per _____
Starting Ending
Your Position and Duties _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. () ____ - ____
Address & Street _____ City _____ State _____ Zip _____
Occupation _____ No. of Years Acquainted _____

