



Molded Products, Inc.

1112 Chatburn Avenue

Harlan, IA 51537

(712) 755-5557

Email: mpc@moldedproducts.com

Application for Employment

| Applicant Information | |
|---|---|
| Name (First, MI, Last) | Date |
| Complete Mailing Address | Social Security Number |
| City, State, Zip Code | Telephone |
| Position Desired | How were you referred to the company? |
| Salary Desired | When will you be available to begin work? |
| Are you seeking full or part time employment? | Available to work evenings? |
| Available to work overtime, if asked? | Available to work weekends? |

| Education/Training (please list all schools attended and/or special training received) | | | |
|--|------------------------|----|-------------------|
| School | From | To | Did you graduate? |
| Location | Type of degree/diploma | | |
| School | From | To | Did you graduate? |
| Location | Type of degree/diploma | | |
| School | From | To | Did you graduate? |
| Location | Type of degree/diploma | | |
| School | From | To | Did you graduate? |
| Location | Type of degree/diploma | | |

| Military Service | |
|---|----------------------|
| Have you ever served in the U.S. Armed Forces? | If yes, what branch? |
| Total years of service? | Skills/Duties |
| Any training that may be relevant to the position you are Applying for? | |

Employment History

Below please describe past and present employment positions, starting with the most recent. Please date back five years, and account for all periods of unemployment.

| | | |
|-----------------------|--------------------|--------------------------------------|
| Company Name | | Telephone |
| Address | | Length of Employment (include dates) |
| Position Title | Name of Supervisor | Starting Pay |
| Reason for Leaving | | Ending pay |
| Description of Duties | | May we Contact? Y N |
| Company Name | | Telephone |
| Address | | Length of Employment (include dates) |
| Position Title | Name of Supervisor | Starting Pay |
| Reason for Leaving | | Ending pay |
| Description of Duties | | May we Contact? Y N |
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| Address | | Length of Employment (include dates) |
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| Address | | Length of Employment (include dates) |
| Position Title | Name of Supervisor | Starting Pay |
| Reason for Leaving | | Ending pay |
| Description of Duties | | May we Contact? Y N |

| References | |
|--|----------------------------|
| List the names of persons who have knowledge of your work performance. | |
| Name | Relationship |
| Telephone Number | Number of years acquainted |
| Name | Relationship |
| Telephone Number | Number of years acquainted |
| Name | Relationship |
| Telephone Number | Number of years acquainted |

| Personal Information | |
|---|-----|
| Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) | Y N |
| If hired, would you be able to present evidence of your citizenship/proof of your legal right to work in the United States? | Y N |
| If hired, are you willing to submit to and pass a controlled substance test? | Y N |
| If hired, are you willing to submit to and pass a physical examination requiring you, among other things, to lift a minimum of 50 pounds? | Y N |
| Do you have any friends/relatives working for the company? If so state name and relationship: | Y N |
| Do you possess a valid drivers license? | Y N |
| Have you ever been convicted of a criminal offense? (felony or misdemeanor) If yes, please describe the crime along with when and where convicted: | Y N |

| Applicant Acknowledgement |
|---|
| Please read carefully and sign below: I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission of material fact on this application or on any document used to secure employment can be grounds for rejection of the application or, if employed by the company, cause for immediate termination. I agree and understand that if I am hired by Molded Products, Inc., my employment will be "at-will", for an indefinite period of time, and maybe terminated at any time, with or without notice, at the option of either the company or myself. I hereby authorize Molded Products, Inc. to make any investigation of my employment and personal history through any investigative agency/agencies of its choice. In addition, I release the company, my former employers and all other persons, corporations and/or partnerships from any and all claims, demands or liabilities rising out of or in any way related to such examination or revelation. |

Applicant's Signature _____ Date _____

| Employer Statement |
|--|
| Molded Products is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Molded Products complies with the ADA and will consider reasonable accommodation measures that may be necessary for applicants/employees to perform essential functions. |