

**PINNACLE PLASTIC PRODUCTS**  
**P.O BOX 286 513 NAPOLEON RD.**  
**BOWLING GREEN, OHIO 43402**

**APPLICATION FOR EMPLOYMENT**

ALL QUESTIONS MUST BE ANSWERED

NAME- FIRST, MIDDLE, LAST \_\_\_\_\_ PHONE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS- STREET, CITY, STATE, ZIP CODE \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE? YES \_\_\_\_\_ NO \_\_\_\_\_ POSITION(S) DESIRED \_\_\_\_\_ SHIFT PREFERENCE \_\_\_\_\_

IF EMPLOYED, WHEN WOULD YOU BE AVAILABLE TO START? \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT US HIRING? \_\_\_\_\_

IF YOU WERE REFERRED BY A CURRENT PINNACLE PLASTIC PRODUCTS EMPLOYEE, PLEASE GIVE NAME AND RELATIONSHIP \_\_\_\_\_

DO YOU HAVE ANY RELATIVES WORKING AT PINNACLE PLASTIC PRODUCTS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, NAME AND RELATIONSHIP \_\_\_\_\_

EDUCATIONAL HISTORY	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE	IF NOT LIST LAST GRADE	DEGREES	KIND OF COURSE, MAJOR SUBJECTS, HONORS
SENIOR HIGH			YES _____ NO _____			
COLLEGE/UNIVERSITY			YES _____ NO _____			
OTHER-TRADE, BUSINESS, OR SPECIAL COURSES			YES _____ NO _____			

U.S MILITARY RECORD: BRANCH OF SERVICE \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

PINNACLE PLASTIC PRODUCTS IS AN EQUAL OPPORTUNITY EMPLOYER

**LIST ALL PAST EMPLOYMENT (BEGINNING WITH THE MOST RECENT)**

COMPANY NAME	START DATE(MO/YR)	ADDRESS	ENDING SALARY
TITLE	END DATE(MO/YR)	PHONE	REASON FOR LEAVING
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TITLE	END DATE(MO/YR)	PHONE	REASON FOR LEAVING

IF YOU HAVE EVER WORKED FOR ANY OF THE ABOVE LISTED EMPLOYERS UNDER ANOTHER NAME, INDICATE THE NAME USED AND THE EMPLOYER.

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES**

NAME	ADDRESS	PHONE	OCCUPATION
NAME	ADDRESS	PHONE	OCCUPATION
NAME	ADDRESS	PHONE	OCCUPATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES \_\_\_ NO \_\_\_ CHARGES \_\_\_\_\_ DATE CONVICTED \_\_\_\_\_

COUNTY/STATE \_\_\_\_\_ HEARINGS/PROBATION/SENTENCES THAT HAVE NOT BEEN COMPLETED? \_\_\_\_\_

I HEREBY REPRESENT THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER REPRESENT THAT SUCH ANSWERS AND INFORMATION CONSTITUTE A FULL AND COMPLETE DISCLOSURE OF MY KNOWLEDGE WITH RESPECT TO THE QUESTION OR SUBJECT TO WHICH THE ANSWER OR INFORMATION RELATES. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENTS SHALL RESULT IN DISCHARGE. I RECOGNIZE AND AGREE THAT IF I AM EMPLOYED, PINNACLE PLASTIC PRODUCTS MAY TERMINATE MY SERVICES AT ANY TIME FOR ANY REASON. I FURTHER RECOGNIZE IF I AM EMPLOYED THAT I WILL RECEIVE COMPENSATION SUBJECT TO RULES AND REGULATIONS, BUT I AGREE THAT SUCH COMPENSATION, RULES AND REGULATIONS ARE SUBJECT TO CHANGE BY PINNACLE PLASTIC PRODUCTS AT ANY TIME WITH OR WITHOUT NOTICE TO ME. I FURTHER RECOGNIZE THAT NOTHING CONTAINED IN ANY DOCUMENT SHALL IN ANY WAY MODIFY THE ABOVE TERMS AND THESE TERMS CANNOT BE MODIFIED IN ANY WAY BY ANY ORAL OR WRITTEN REPRESENTATIONS MADE BY ANYONE EMPLOYED AT PINNACLE PLASTIC PRODUCTS. IN ADDITION, I HEREBY AUTHORIZE MY PAST AND PRESENT EMPLOYER(S) TO RELEASE TO PINNACLE PLASTIC PRODUCTS ANY INFORMATION RELEVANT TO MY EMPLOYMENT WITH THEM.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Pinnacle Plastic Products Pre-Employment Drug Screening

**Purpose:** To prevent the hiring of individuals whose present use of drugs (legal or illegal) indicates a potential for impaired or unsafe job performance.

**Responsibility:** Administration of the program will be handled by the H.R. Coordinator.

**Policy:** Pinnacle Plastic Products is committed to providing a safe workplace for its employees. Therefore, the following drug policy will be in effect for all candidates for employment with Pinnacle Plastic Products

No one employed by Pinnacle Plastic Products shall use, possess, be under the influence of, or be involved in the sale of an amphetamine, opiates, cocaine, marijuana, phencyclidine (pcp), or any other habit-forming drug. This does not apply to possession or use of a current substance administered to the person by or under the instructions of a licensed physician who has advised the person that the substance will not affect in any fashion his/her ability to safely perform the job duties as assigned.

- Procedure:**
1. All candidates for employment will be required to submit to a drug screen as part of Pinnacle's evaluation procedures and must authorize release of those results to the company.
  2. The results of the drug screen are confidential and will be kept in the personnel department.
  3. Employment with Pinnacle is contingent upon passing the drug screen.
  4. Pinnacle will pay the cost of this procedure and will designate the facility to conduct the test.
  5. Any candidate who tests positive may be considered again at the candidate's expense, after a waiting period determined by the company.
  6. Failure to submit to a drug screen will be treated as if the test was taken and the results were positive.

Signature: \_\_\_\_\_

Date \_\_\_\_\_