



**EMPLOYMENT APPLICATION**

You may return this completed application via mail or drop off to:

Landmark Plastic, Attn: HR, 1331 Kelly Avenue, Akron, Ohio 44306

OR Confidential Fax: 330-785-2709

OR Email: HR@landmarkplastic.com

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, disability, veteran status, or any other legally protected status.

\*Unless otherwise specified, all fields are required.\*

Preferred Position / Area of Interest: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Wage/Salary Desired: \_\_\_\_\_

Which would you prefer?

- Full-time
- Part-time (Less than 30 hours/week)

Which shift would you prefer?

- 1<sup>st</sup> shift: 7 am-3pm
- 2<sup>nd</sup> shift: 3 pm-11pm
- 3<sup>rd</sup> shift: 11pm-7am
- Other: \_\_\_\_\_

Can you work overtime?

- Yes
- No

Are you legally eligible to become employed in the United States? *Proof of citizenship or immigration status will be required upon employment.*

- Yes
- No

Have you pled guilty to, pled no contest to or been convicted of a felony, within the last 5 years?

- Yes
- No

If yes, please explain:

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Education

High School or GED

- Yes
- No

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(Optional) Diploma / College Degree Achieved: \_\_\_\_\_ School Name: \_\_\_\_\_

Employment Experience

*Start with your most recent job.*

Present or Last Position (Title): \_\_\_\_\_

Dates of Employment, From: \_\_\_\_\_ To: \_\_\_\_\_ (Optional) Last Base Rate of Pay: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*The following Employment Experience sections are optional.*

Present or Last Position (Title): \_\_\_\_\_

Dates of Employment, From: \_\_\_\_\_ To: \_\_\_\_\_ (Optional) Last Base Rate of Pay: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Present or Last Position (Title): \_\_\_\_\_

Dates of Employment, From: \_\_\_\_\_ To: \_\_\_\_\_ (Optional) Last Base Rate of Pay: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been discharged or involuntarily terminated from any employment?

- Yes
- No

If yes, please explain:

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Skills and Training

Do you have any special job-related skills and qualifications acquired from previous employment or education? (i.e. mechanical, people skills, troubleshooting, etc.)

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List any special equipment or machines that you can operate. (i.e. tow motor, computers, etc.)

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Do you have anything else you would like to share with us that would pertain to the position?

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Have you ever had any job-related training in the United States military?

- Yes
- No

If yes, please explain:

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APPLICANT'S CERTIFICATION

I certify that the information provided in this application, and any resume I submit or any interview as part of my application process, is complete and accurate to the best of my knowledge. I understand that falsification, misrepresentation, or omission of facts in the application will disqualify me from further consideration or, if employed, will be sufficient cause for my immediate dismissal. I understand that any employment offer made to me is contingent upon reference checks.

I authorize the Landmark Plastic Corporation to obtain information about me or, to investigate, as its discretion, my past educational and employment history, personal references or other types of information provided in this application and any other information Landmark Plastic Corporation feels necessary. I understand that the release of the information disclosed to Landmark Plastic Corporation is only for the official use of Landmark Plastic Corporation with respect to my application for employment and no other purposes. I authorize my past employers, all references, and any other persons to answer all questions asked by Landmark Plastic Corporation concerning my education, abilities, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.

I acknowledge that, in the event of my hire, any employment relationship with Landmark Plastic Corporation is "at will," which means that I may resign at any time and Landmark Plastic Corporation may terminate my employment at any time with or without cause. I further understand this "at will" employment relationship may not be changed by any written document, by oral statement, or by conduct unless an officer of Landmark Plastic Corporation specifically documents such change in writing and writing is signed by the officer.

Further, if Landmark Plastic Corporation employs me, I understand and agree that when my employment terminates for any reason I must return all of the Company's property in my possession.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Applicant (Last and First Name): \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE:

Use of Consumer Report and Background Investigative Report for Employment Purposes

The Fair Credit Reporting Act permits an employer to obtain a consumer report or background investigative report for employment purposes upon receiving written authorization from the consumer. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with neighbors, friends, or associates. An employer may use the information contained in the consumer's background investigative report to evaluate the consumer for employment purposes, including the hiring, promotion, reassignment, or retention of the consumer as an employee.

In accordance with the Fair Credit Reporting Act, Landmark Plastic Corporation desires to obtain a copy of a consumer report or background investigative report. The information contained in these reports may be considered by Landmark Plastic Corporation in making its decision regarding your employment with the corporation or your promotion, reassignment, or retention as an employee of the corporation. Please sign the authorization below indicating that you have read the notice and understand the uses for which Landmark Plastic Corporation may obtain a copy of your background investigative report, and authorizing Landmark Plastic Corporation or its designated representative to obtain a copy of your background investigative report.

CONSUMER AUTHORIZATION

I, \_\_\_\_\_ have read the "Notice of Consumer Credit Report for Employment Purposes" given to me by Landmark Plastic Corporation. I fully understand the information contained in this Notice and that Landmark Plastic Corporation may use the information contained in my consumer report or investigative report for employment purposes. I hereby authorize and request Landmark Plastic Corporation or its designated representative to obtain from any present or former employer, school, police department, financial institution, or other persons having knowledge about me, any and all information in their possession regarding me in connection with an application of employment. I further agree that a photocopy of this authorization should be accepted as the original.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BACKGROUND CHECK INFORMATION AUTHORIZATION

This information is requested for criminal background check identification only and will not be used for any other purpose.

Full Name: \_\_\_\_\_

Maiden Name / any previous names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List home addresses for the last 5 years, start with current first.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

I hereby acknowledge the information provided on this form is truthful and accurate.

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