



**INSTRUCTIONS**

Please answer all questions, where applicable, completely and truthfully to the best of your knowledge and belief. Type or print in ink as carefully as possible. While not necessary or required, you may submit additional information by way of letter, resume or the like to supplement your answers.

Date		Position Applying For		
Last Name		First	Middle	Social Security No.
Present Address: Street No.		City	State	Zipcode
				Telephone - Daytime: Home:
Previous Address: Street No.		City	State	Zipcode
				Telephone:

**GEOGRAPHIC RESTRICTIONS** **COMPENSATION EXPECTATIONS**

Do you have the legal right to remain and work in the United State? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, proof may be required upon employment.)		Type of Visa, If Any	Are you at least 18 yrs. of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to or worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give details:		Facility/Location	
Dates	Position	Last Supervisor	
Have you ever been convicted of a felony? Conviction will not necessarily disqualify you from employment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Employment Sought: <input type="checkbox"/> Full-time Regular <input type="checkbox"/> Full-time Temporary <input type="checkbox"/> Part-time Regular <input type="checkbox"/> Part-time Temporary <input type="checkbox"/> Other (Please Specify)		Do you have a shift restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify	
		Do you have overtime restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify	

**EDUCATIONAL BACKGROUND**

Name of School	Location	Did You Graduate?	Diploma/Degree	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**PROFESSIONAL, COMMUNITY OR EXTRACURRICULAR ACTIVITIES**

List any participation in professional, community or extracurricular activities or organization which you feel further indicate your qualifications for the position for which you are applying. You may exclude organization names which indicate race, color, religion, sex, national origin, age, marital or veteran status, or disability.


**EMPLOYMENT**

List all your employment, beginning with your present or most recent employment. Include military service assignments, if applicable.

Dates (Month/Year)	Employer Name & Address	Position Title and Responsibilities	Current/Last Salary
Supervisor Name, Address and Telephone			Reason For Leaving
Dates (Month/Year)	Employer Name & Address	Position Title and Responsibilities	Current/Last Salary
Supervisor Name, Address and Telephone			Reason For Leaving
Dates (Month/Year)	Employer Name & Address	Position Title and Responsibilities	Current/Last Salary
Supervisor Name, Address and Telephone			Reason For Leaving
Dates (Month/Year)	Employer Name & Address	Position Title and Responsibilities	Current/Last Salary
Supervisor Name, Address and Telephone			Reason For Leaving

**REFERENCES (INDIVIDUALS QUALIFIED TO GIVE AN OPINION OF YOUR ABILITY AND EXPERIENCE)**

Name/Relationship	Employer	Position	Address And Telephone

**GENERAL CONDITIONS**

This application is not to be interpreted as a contract of employment or as a promise of continued employment.

Pre-employment drug screening is conducted at NMC, LLC. Employment consideration is contingent on the results of this evaluation. I have read and understand that I will be required to submit to a pre-employment drug screen prior to employment.

I authorize the Company and its agents to investigate my suitability for employment except as specified below. I further authorize the people or companies contacted to give the company and its agents any and all pertinent information they may have, personal or otherwise, and release all parties from any damage that may result from furnishing the information. The following people or companies, or both, may not be contacted during the pre-employment process:

I release the Company and its agents from liability arising out of, incident to, or in connection with such inquiries.

I acknowledge that the Company retains the right to establish and enforce with full discretion any and all rules and regulations. I recognize that any employment and compensation can be terminated for any reason with or without notice, at any time, at the option of either the Company or myself. I also understand that the terms and conditions of my employment may be changed for any reason with or without notice at any time by the Company. Understand that no representative of the Company, other than the President's designated representative, has any authority to enter into any contract or agreement contrary to the foregoing, and then only if such commitment is in a signed written document.

I certify that all the information submitted by me on this application is true and accurate. I understand that if any false information, misrepresentation of facts, or omissions are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

Applicant's Signature

Date



## Application Flow Information Form

NMC, LLC is an Equal Opportunity/Affirmative Action Employer. As such, we are required by Federal/State legislation to provide equal employment opportunity for all applicants without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability. Please be advised that the providing of the applicant flow information requested on this form is **voluntary** and any information provided will be kept in a Confidential File **separate** from the attached Application for Employment. **We will use this information for statistical purposes only.** As required by law.

**PLEASE PRINT**

Position(s) Applied For	Date
Last Name <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>	Social Security No.
<b>Race/Ethnic Group</b> <input type="checkbox"/> Hispanic or Latino-A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race. <input type="checkbox"/> White (Not Hispanic or Latino)-A person having origins in any of the original peoples of Europe, the Middle East or North Africa. <input type="checkbox"/> Black or African American (Not Hispanic or Latino)-A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)-A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="checkbox"/> Asian (Not Hispanic or Latino)-A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)-A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)-All persons who identify with more than one of the above five races.	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <hr/> <b>Are You an Individual with a Disability?</b> (See Reverse Side) <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <b>Are You a Vietnam Era Veteran?</b> (See Reverse Side) <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <b>Are You a Disabled Veteran?</b> (See Reverse Side) <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <b>How Were You Referred to the Company?</b> <input type="checkbox"/> SPD Employee <input type="checkbox"/> Agency <input type="checkbox"/> Name _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> Relationship _____ <input type="checkbox"/> Other

## Application Flow Information Form

### **VIETNAM ERA VETERAN**

means a person who served on active duty with the Armed Forces for a period of more than 180 days, any part of which occurred from August 5, 1964 through May 7, 1975. Also must have been discharged or released not dishonorably.

**Statute of limitations 48 months (4 yrs.) after discharge. (41CFR, Part 60.250.2)**

### **A DISABLED VETERAN**

is an individual entitled to disability compensation under laws administered by the Veterans Administration (regardless of military conflict) for a disability rated at 30 per centum **or** more, or release from active duty was for a disability incurred or aggravated in the line of duty. (Section 402-Vietnam Era Veterans Readjustment Act of 1974)

### **AN INDIVIDUAL WITH A DISABILITY**

Is a person who "(a) has a physical or mental impairment that **substantially limits** one or more of such person's **major life activities**, (b) has a record of such an impairment, or (c) is regarded as having such an impairment."(Section 3 of the American With Disabilities Act of 1990) For purposes of this definition, "major life activity" means any mental or physical function or activity, if impaired, creates a substantial barrier to employment. (Section 503 of the Rehabilitation Act of 1973)



## NOTICE TO APPLICANTS

National Molding, LLC has established and maintains a Drug-Free Workplace Program.

As part of this Program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the Company may be subject to drug testing as outlined in the Company's Drug and Alcohol Free Workplace Program.

National Molding, LLC's offer of employment will be automatically rescinded if:

- the applicant's test result is confirmed positive, or,
- refuses to submit to drug testing within 48 hours of the job offer, or,
- if the physician, official, or lab personnel has reasonable suspicion to believe that the job applicant has tampered with the specimen.

Persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer ("MRO") the use of prescription or non-prescription medications both before and after being tested.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five working days after written notification of the test result. A job applicant will also have an opportunity to request a retest (at the job applicant's expense). If the MRO determines that a job applicant's explanation, or his/her challenge, is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Florida Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic.

Prior to administration of the drug test, each job applicant who receives a conditional offer of employment will receive a copy of the Company's Drug-Free Workplace Program, which contains a list of the substances to be tested and the detection levels. All test results will remain confidential except as allowed by law.

NATIONAL MOLDING, LLC

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_