

CAST NYLONS LIMITED
APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without discrimination based upon race, color, religion, sex, national origin, age, marital status, or disability.

PERSONAL **PLEASE PRINT**

Last Name Middle Initial	First Name	Date
Street Address		Home Phone: ()
City, State, Zip		Work Phone: ()
Position Applying For:		Social Security Number
Have you previously applied for a position with the Company? _____		Are you over 18? _____Yes _____No
If yes, when?		
Have you ever been employed by the Company? _____		When will you be able to begin work? _____
If yes, when?		
Are you legally eligible for employment in the United States? _____Yes _____No		
Are you related to anyone currently working for the Company? _____ Yes _____No		
If Yes, please list name and relationship:		

Are you able to perform all of the essential duties of the job for which you are applying (with or without reasonable accommodation)? _____Yes _____No

In case of accident or emergency, please notify:

Name: _____	Address _____	Home Phone: _____
		Work Phone: _____

Have you ever been convicted of a criminal offense other than minor traffic offenses? * _____Yes _____No
 Including drug and alcohol related offenses. If yes, describe in full, including date(s):

How did you learn about employment opportunities at the Company?

*An applicant must answer this question unless the record has been expunged(sealed) pursuant to 2953.31 et seq. of the Ohio Revised Code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position for which the applicant has applied.

SKILLS

If you are an experienced operator of office machines or equipment, please list:

If you are an experienced operator of any plant machines or equipment, please list:

**** Please complete all sections, do not put "See Resume"****

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Elementary				_____ Yes _____ No	
High School				_____ Yes _____ No	
College				_____ Yes _____ No	
Graduate				_____ Yes _____ No	

List scholastic achievements, organizations and internships:

Membership in Professional or Civic Organizations:
(Exclude those which may disclose race, color, religion or national origin)

MILITARY SERVICE

Service U.S. Forces From: _____ To: _____ Branch: _____ Rank: _____

Referral Source: _____

Please provide the names, addresses and telephone numbers of three persons not related to you who can provide information about your suitability for a position here-(do not include family members):

NAME TITLE(If Applicable)	ADDRESS	TELEPHONE NUMBER	LENGTH OF TIME KNOWN

In applying here for employment, it is understood that we reserve the privilege of contacting your past employers regarding references.

Are you employed now? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No

**** Please complete all sections, do not put "See Resume"****

EMPLOYMENT	Please start with your present or most recent employer
Company Name	Telephone ()
Address	Employed – (state month and year) From: To:
Name of Supervisor	Compensation: Start: Finish:
State Job Title and Describe Your Work	Reason For Leaving:
Company Name	Telephone ()
Address	Employed – (state month and year) From: To:
Name of Supervisor	Compensation: Start: Finish:
State Job Title and Describe Your Work	Reason For Leaving:
Company	Telephone ()
Address	Employed – (state month and year) From: To:
Name of Supervisor	Compensation: Start: Finish:
State Job Title and Describe Your Work	Reason For Leaving:
Company	Telephone ()
Address	Employed – (state month and year) From: To:
Name of Supervisor	Compensation: Start: Finish:
State Job Title and Describe Your Work	Reason For Leaving:

Please Read Prior Signing

In completing this application form, I understand that the Company may conduct or have conducted an investigation of my background. By my signature below, I authorize all persons, schools, companies, consumer reporting agencies, and other organizations to supply any and all information requested by the Company in association with such investigation including, but not limited to, information regarding my educational background, work history, personal character, and all other information, personal or otherwise. By my signature below, I hereby release and hold harmless all persons, companies, schools, agencies, and other parties from all liability(ies) and damages whatsoever in association with any reference/background investigation performed by or for the company.

I understand that any false statements of fact upon this application will be considered just cause for my dismissal from employment with the Company should I become an employee. I understand that the Company may require me to supply appropriate supporting documentation concerning the information I have provided on this application.

I understand and agree that, if hired, my employment with the Company is for no definite period and may be terminated at any time for any reason without prior notice. Just as I may resign my employment at any time, for any reason, the Company will have full right and authority to terminate my employment within its sole discretion. I understand and agree that the terms and conditions of my employment, if hired, can only be varied from this "at-will" arrangement through written documentation from an official of the Company specifically authorized to make such contracts. I understand, agree, and acknowledge that any reliance on any statements by any representative of the Company contrary to this "at-will" arrangement is unreasonable and may not form any basis for my reliance thereon.

I also understand and agree that the Company has the right to modify, amend, or terminate policies, procedures, rules, and benefit plans in its discretion and/or a manner consistent with requirements imposed by law.

I acknowledge and agree that, should I receive an initial offer of employment, such offer is preliminary and contingent upon my completion of a medical examination which includes testing for the use and/or abuse of drugs and alcohol to confirm my ability to perform the essential functions of the position(s) for which I am being considered. I understand that my refusal to undergo such an examination (including drug/alcohol testing) will preclude me from obtaining and continuing employment with the Company, I understand that my failure to test negative on the drug/alcohol test will cause my tentative offer of employment to be rescinded. Further, I hereby authorize and agree that all medical information obtained in association with this pre-placement examination shall be released from the appropriate medical personnel to the Company and release and hold harmless all persons, companies, and other entities conducting such examination from all liability(ies) and damages whatsoever in association with such examination.

I understand that this application for employment shall be considered active for a period of time not to exceed 6 (six) months. I understand that, if I wish to be considered for employment beyond this time, I should contact the Company to inquire as to whether applications are being accepted for positions at such time.

I understand and accept the conditions in this statement.

DATE

SIGNATURE OF APPLICANT

Release for Background Investigation

I hereby authorize **Cast Nylons, Limited** (hereafter referred to as "Company") and or its agent, including but not limited to The Pre-Check Company (hereafter referred to as "consumer reporting agency"), to investigate my background now and at any time in the future during my employment with the Company.

I understand that the consumer reporting agency will conduct investigations to obtain information as deemed necessary in connection with my employment with the Company. The information obtained may include investigation into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background, motor vehicle history, workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living and general reputation.

I understand that any direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies may be made, and that personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be held to obtain such information.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. I hereby agree to submit to a background investigation, any post-offer/pre-employment and post-hire drug and alcohol testing and authorize the lab performing the test, any medical review officer who may review the results, the entity arranging for the lab test, and or the Company to release any results to parties who have a "need to know" such results. A photographic or faxed copy of this form shall be as valid as the original.

I forever release and discharge Company, consumer reporting agency including but not limited to The Pre-Check Company, their respective officers, directors, employees and agents, my past employers, schools, persons named in my employment application or resume from any claims, damages, losses, liabilities and expenses arising out of the gathering and reporting of information about me.

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation. The address of The Pre-Check Company is P.O. Box 771264, Lakewood, Ohio, 44107, and its toll free telephone number is (800) 268-2435.

PLEASE FILL IN EACH BLANK SPACE:

PLEASE FILL IN EACH BLANK SPACE:			
NAME:		PHONE	
FORMER NAME:		SOCIAL SECURITY #:	
CURRENT ADDRESS:		PREVIOUS ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
COUNTY:		COUNTY:	
LENGTH OF RESIDENCE:	Years: ____ Months: ____	LENGTH OF RESIDENCE:	Years: ____ Months: ____
DRIVER'S LICENSE: STATE	DL NUMBER		
DATE OF BIRTH:		HAVE YOU EVER BEEN CONVICTED OF A CRIME?	
MAY WE CONTACT YOUR CURRENT EMPLOYER?		____ YES ____ NO IF YES, APPROX. DATE: _____	
____ YES ____ NO		CITY: _____ STATE: _____	
In addition to authorizing background investigations as deemed necessary by Company, I certify that the information I have provided is true and complete, and I understand that false or incomplete statements of material fact on this authorization or in any prior communication to the Company will be sufficient cause for my dismissal.			

DATE

SIGNATURE

Cast Nylons, Limited is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, **Cast Nylons, Limited** does not discriminate against qualified individuals with disabilities.

