



8601 Main St.
 P.O. Box 560
 Honeoye, NY 14471
 585-229-2555
<http://www.cyplas.com>

Application for Employment

Revision AFE06.2

We appreciate your interest in CY Plastics Works, Inc. CY Plastics Works, Inc. offers equal opportunities to all persons without regard to race, color religion, age, sex, disability, national origin, ancestry, citizenship, military or veteran status, marital status, sexual orientation, predisposing genetic characteristics or genetic information, or any other status protected by law. Upon request, reasonable accommodations will be provided to individuals needing assistance.

Position(s) Applied for			Date of Application
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Evening Phone Number	Daytime Phone Number	Alternate Phone Number	Email

Employment History

Begin with current or most recent position and work backward. Complete in detail and include your ENTIRE employment history; explain any lapse for which time is not accounted. Briefly describe your duties and responsibilities in the blocks provided. Include all work experience (military, part time, and volunteer). DO NOT WRITE "see resume or see attached". Be sure to complete both sides of the application including signature and date. Continuation sheets are available should you need more space to describe your duties. We reserve the right to contact former employers and schools for references.

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate / Salary		
	Starting	Final	
Phone Number	Supervisor		
Job Title	May we contact? (Y / N)		
Reason for Leaving or Wanting to Leave			Left Voluntarily? (Y/N)

Last Name _____

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Last Name _____

Education and Skills

Education	Name and Address of School	# Years Completed	Major or Type Program	Degree or Certificate Awarded
High School				
College / University				
College / University				
Vocational or Trade				

Training (Please list any special training that you have had, with year training was done.)

Skills	Check those that apply		Check those that apply
Personal Computer		Injection Molding	
Microsoft Word		Blow Molding	
Spreadsheets		Molding Processor	
Graphics		Forklift	
CAD		Ultrasonic insertion	
Web-site Development		Machining	
Database		Tool Making	
Business Software (Specify)		CMM	
Other (Specify)		Comparator	

Last Name _____

	YES	NO
If you are under 18, can you provide proof of your eligibility to work?		
Have you ever filed an application with us before?		
Have you ever been employed with us before?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?		
Are you available to work full-time?		
Are you available to work evening and late night shifts?		
Are you currently on lay-off and subject to being recalled?		
Have you ever been convicted of a felony? If so, please describe fully the criminal conviction(s) and the nature of the offense. A conviction record will not necessarily be a bar to employment.		
Do you require any special accommodations to complete the activities for the job for which you have applied?		

References

Name	Company	Title	Relationship	Phone Number

I understand that if I am hired, my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing and that any such agreement must be in writing signed by the Company President. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for employment, and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of any such job-related medical examination. I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal or refusal to hire. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

Signature of Applicant

Date