

**MIDWEST ELASTOMERS INC.**  
**700 Industrial Drive, Wapakoneta, OH 45895, Telephone: 419-738-8844**

**APPLICATION FOR EMPLOYMENT**

|   |            |             |                        |
|---|------------|-------------|------------------------|
| Last Name   | First Name | Middle Name | Social Security Number |
| Present Address (Street, City, State, Zip Code)   |            |             | Telephone Number       |
| If you have lived at this address less than 6 months, list your previous address  |            |             |                        |
| Position(s) Applied For:<br><br>Type of work preferred? <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary |            |             | Date of Application    |

Are you a U.S. citizen or otherwise authorized to work in the U.S.? .....  Yes  No

Are you over 18 years of age? .....  Yes  No

Have you ever filed an application or been employed with us before? .....  Yes  No

If yes, give date ..... \_\_\_/\_\_\_/\_\_\_

Are you related to anyone at Midwest Elastomers? .....  Yes  No

If yes, give name .....

On what date would you be available for work? ..... \_\_\_/\_\_\_/\_\_\_

Are you willing to work weekends? .....  Yes  No

Are you willing to work overtime? .....  Yes  No

Will you work any shift?.....  Yes  No. If no, specify shift .....  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Do you have transportation to work?.....  Yes  No

Are you able to meet the attendance requirements of the position? .....  Yes  No

Have you ever been convicted of a felony or a drug-related offense? .....  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been discharged (fired) or asked to quit a previous employer?.....  Yes  No

If yes, please explain:

Are you physically or otherwise unable to perform the duties for which you are applying?  Yes  No

Can you read, write, and do basic arithmetic? .....  Yes  No

Will you relocate, if the job requires it?..... \_ Yes \_ No

Will you travel, if the job requires it?..... \_ Yes \_ No

**EDUCATION**

| School  | Name and Location | Circle Last<br>Full Year<br>Attended | Major | Degree | Grade<br>Avg. | Graduate |    |
|---------|-------------------|--------------------------------------|-------|--------|---------------|----------|----|
|         |                   |                                      |       |        |               | Yes      | No |
| High    |                   | 9 10 11 12                           |       |        |               |          |    |
|         |                   |                                      |       |        |               |          |    |
| College |                   | 1 2 3 4 5 6                          |       |        |               |          |    |
|         |                   |                                      |       |        |               |          |    |
| College |                   | 1 2 3 4 5 6                          |       |        |               |          |    |
|         |                   |                                      |       |        |               |          |    |
| Other   |                   | 1 2 3 4 5 6                          |       |        |               |          |    |
|         |                   |                                      |       |        |               |          |    |

List any other experiences, skills, or qualifications, which you feel would especially qualify you for the specific type of work desired (e.g. computer skills, specialized training, significant accomplishments):

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Describe any educational course(s) or program(s) you are currently enrolled in, and indicate expected completion date:

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List other work experience and/or skills, knowledge, talents, business licenses, or other job-related experiences not covered elsewhere:

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Please make any additional comments, which you feel would be pertinent to your application (e.g. hobbies, scholastic or other honors, fluency in a foreign language):

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## EMPLOYMENT HISTORY

List below current and previous employment, including military service, starting with most recent. Use additional sheets if necessary. **Please do not use "See Resume". IMPORTANT: List every employment whether or not it seems relevant. If lapses occurred between periods of employment, give dates of, and reason for unemployment.**

| From Mo. / Yr. | Company Name & Address | Type of Business        | Position Held & Brief Description of Job Duties | Salary    | Reason for Leaving                 |
|----------------|------------------------|-------------------------|---|-----------|------------------------------------|
|                |                        |                         |   | Starting: |                                    |
|                |                        |                         |   |           |                                    |
|                |                        |                         |   | Per:      |                                    |
| To Mo./Yr.     |                        | Supervisor Name & Title |   | Final:    |                                    |
|                | Telephone:             |                         |   | Per:      | May we check references?<br>Yes No |

| From Mo. / Yr. | Company Name & Address | Type of Business        | Position Held & Brief Description of Job Duties | Salary    | Reason for Leaving                 |
|----------------|------------------------|-------------------------|---|-----------|------------------------------------|
|                |                        |                         |   | Starting: |                                    |
|                |                        |                         |   |           |                                    |
|                |                        |                         |   | Per:      |                                    |
| To Mo./Yr.     |                        | Supervisor Name & Title |   | Final:    |                                    |
|                | Telephone:             |                         |   | Per:      | May we check references?<br>Yes No |

| From Mo. / Yr. | Company Name & Address | Type of Business        | Position Held & Brief Description of Job Duties | Salary    | Reason for Leaving                 |
|----------------|------------------------|-------------------------|---|-----------|------------------------------------|
|                |                        |                         |   | Starting: |                                    |
|                |                        |                         |   |           |                                    |
|                |                        |                         |   | Per:      |                                    |
| To Mo./Yr.     |                        | Supervisor Name & Title |   | Final:    |                                    |
|                | Telephone:             |                         |   | Per:      | May we check references?<br>Yes No |

| From Mo. / Yr. | Company Name & Address | Type of Business        | Position Held & Brief Description of Job Duties | Salary    | Reason for Leaving                 |
|----------------|------------------------|-------------------------|---|-----------|------------------------------------|
|                |                        |                         |   | Starting: |                                    |
|                |                        |                         |   |           |                                    |
|                |                        |                         |   | Per:      |                                    |
| To Mo./Yr.     |                        | Supervisor Name & Title |   | Final:    |                                    |
|                | Telephone:             |                         |   | Per:      | May we check references?<br>Yes No |

## REFERENCES

List three (3) references who know your qualification (e.g. previous supervisors, professors, etc. – NOT relatives).

| Complete Name | Relationship to you | Years Known | Address | Telephone |
|---------------|---------------------|-------------|---------|-----------|
|               |                     |             |         |           |
|               |                     |             |         |           |
|               |                     |             |         |           |

## AUTHORIZATION (Please read carefully)

I authorize Midwest Elastomers Inc. to verify any information I have provided and I further authorize any of the named schools, companies or persons listed to provide any information about me contained in their records. I understand and agree that any misrepresentation by me in this application may be sufficient cause for cancellation of the application and/or separation from Midwest Elastomers, if I have since been employed.

Submission of this Application does not entitle me to be interviewed by Midwest Elastomers. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Midwest Elastomers to provide any benefit to me.

I recognize Midwest Elastomers' right to require an employment health assessment. I further understand that submitting to various tests, including drug tests, is a condition of my employment, and I agree to cooperate in their administration. I understand that should I be hired for the position for which I am applying, either Midwest Elastomers or I may terminate the working relationship at any time and for any reason. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Midwest Elastomers specifically acknowledges such change in writing. I further understand that if employed my wages and position may change, but my status as an employee at will, will never change during my employment.

Should Midwest Elastomers employ me, I agree to comply with any and all employment rules and company policies.

**I have read and fully understand the above.**

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Date

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Signature

Thank you for your interest in Midwest Elastomers Inc. Your application will be maintained in an active status for two (2) months. If you wish to keep your application active, you must reapply after this time period has elapsed.

**MIDWEST ELASTOMERS INC.  
700 INDUSTRIAL DRIVE  
P.O. BOX 412  
WAPAKONETA, OH 45895**