

Wrap Tite, Inc.



6200 Cochran Road, Solon, Ohio 44139

P. 440.349.5400

F. 440-349-5432

Employment Application

It is the policy of Wrap Tite, Inc. to provide equal opportunity with regard to all terms and conditions of Employment. The Company complies with all federal and state laws prohibiting discrimination on the basis of race, color or religion, creed national origin, gender, disability, veteran status, age or any other protected characteristic

Name: _____

Date: _____

Address: _____

Phone Number: _____

City: _____ State: _____ Zip _____

Social Security Number: _____

Email Address: _____

Position Applied for: _____

Salary Requirement: \$ _____

Shift Preferred: Full Time Part time Temporary

6A-6P 8A-5P 6P to 6A Any

Who referred you to our company? _____

Have you been employed by Jainco Products, PMD or Wrap Tite before? Yes No

When would you be available to start? Immediate _____ days notice

Do you have the legal right to work in the USA? Yes No

Are you over 18 Years of age? Yes No

Do you have any pre-existing conditions which may effect your ability to perform the job you applied for?

If yes, please explain: _____

Have you been convicted of a felony within the last seven years? Yes No

Educational Background: What is the highest level of education you have completed?

GED High School Some College College Degree

School Name and location _____

Major _____ Did you graduate Yes No

List any Special Skills or training that would benefit you in the job you applied for?

Employment History.

Please list from newest to oldest or attach resume

1 Employer Name _____
Address _____
Supervisor's name _____ Job Title _____
Position Start Date _____ Ending date _____ Hourly Pay _____
Reason for leaving _____

2 Employer Name _____
Address _____
Supervisor's name _____ Job Title _____
Position Start Date _____ Ending date _____ Hourly Pay _____
Reason for leaving _____

3 Employer Name _____
Address _____
Supervisor's name _____ Job Title _____
Start Date _____ Ending date _____ Hourly Pay _____
Reason for leaving _____

4 Employer Name _____
Address _____
Supervisor's name _____ Job Title _____
Position Start Date _____ Ending date _____ Hourly Pay _____
Reason for leaving _____

Applicant's Statement—READ CAREFULLY BEFORE SIGNING—IF YOU ARE HIRED, THE FOLLOWING BECOMES PART OF YOUR OFFICIAL EMPLOYMENT RECORD AND PERSONNEL FILE.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for are grounds for a refusal to offer employment or a cause of dismissal if hired.

I agree that any claim or lawsuit relating to my service with Wrap Tite, Inc. and affiliates must be filed no more than three (3) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I waive trial by jury in any litigation arising out of, or relating to, my employment with Wrap Tite, Inc, Packaging Material Direct or Jainco Products, Ltd., including claims of wrongful or retaliatory discipline or discharge; claims of age, sexual, sexual orientation, religious, pregnancy or racial discrimination; claims under Title VII of the Civil Rights Act, Title IX, Americans with Disabilities Act, Age Discrimination in Employment Act, Employee Retirement Income Security Act, Fair Labor Standards Act, and all other applicable non-discrimination, employment or wage and hour statutes.

Applicant's Signature: _____ Date: _____