

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: _____

Home phone: _____

City: _____ State: ___ Zip _____

Mobile phone: _____

Position Applied for: _____

Salary Requirement: \$ _____

Type of work desired. Full Time Part time Temporary
Shift Preferred 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:

GED High School some college Apprenticeship
 Undergraduate Degree Graduate Degree

What is the highest level of education you have completed?

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

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 _____

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions and misrepresentations are discovered that my application will be rejected and if I am employed, my employment may be terminated at any time.

I expressly authorize without reservations the employer, its representatives, employees or agents to contact and obtain information from all the references, employers public agencies licensing authorities and educational institutions to verify the accuracy of all the information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non defamatory information in a lawful manner and all other persons or organizations for furnishing such information about me during the employment process.

In consideration of employment, I agree to the company's rules and regulations. I understand that these rules and the company handbook do not form a contract either expressed or implied. I also understand that my employment may be terminated at any time without cause or notice.

Applicant's Signature: _____ Date: _____

F09.07

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Rev Level -