

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:

What is the highest level of education you have completed?

GED

High School

some college

Apprenticeship

Undergraduate Degree

Graduate 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

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	_____		

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: _____