



Application for Employment

P.O. Box 880 • 200 32nd Avenue
Brookings, South Dakota 57006
Phone (605) 692-2171

INSTRUCTIONS – Each question should be fully and accurately answered. No action can be taken on this application until all questions have been completed. Use blank paper if you do not have enough room on this form. **Please print**, except for signature on back of application. All information you provide will be held in strict confidence.

PERSONAL DATA	NAME (LAST) (FIRST) (MIDDLE)			ARE YOU OVER THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP	PHONE # (HOME) () _____
	ADDRESS (PERMANENT)	NUMBER AND STREET	CITY	STATE	ZIP	MESSAGE OR WORK () _____
	SOCIAL SECURITY NUMBER			ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EMPLOYMENT OBJECTIVE	POSITION DESIRED		EARNINGS EXPECTED		DATE AVAILABLE / /	
	HAVE YOU EVER MADE APPLICATION TO OR BEEN EMPLOYED BY ROYAL PLASTICS BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	IF YES, PLEASE GIVE DETAILS DATES: / / TO / /					
	WHAT STIMULATED YOUR INTEREST IN ROYAL PLASTICS?					
	ARE YOU AVAILABLE FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY OR SUMMER <input type="checkbox"/> 7 A.M.-3 P.M. <input type="checkbox"/> 3 P.M. -11 P.M. <input type="checkbox"/> 11 P.M. -7 A.M. EMPLOYMENT? (CHECK ALL APPLICABLE)					
PAST HISTORY MUST ACCOUNT FOR ALL TIME FOLLOWING HIGH SCHOOL.						
WORK HISTORY PROVIDE COMPLETE INFORMATION	EMPLOYER (PRESENT OR MOST RECENT)		DATES OF EMPLOYMENT MONTH AND YEAR		TITLE AND DUTIES	
	MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM	TO		
	ADDRESS					
	CITY/STATE/ZIP PHONE #					
	IMMEDIATE SUPERVISOR		STARTING PAY	FINAL PAY		
	REASON FOR LEAVING		\$ _____	\$ _____		
			PER _____	PER _____		
	EMPLOYER		DATES OF EMPLOYMENT MONTH AND YEAR		TITLE AND DUTIES	
	ADDRESS		FROM	TO		
	CITY/STATE/ZIP PHONE #					
	IMMEDIATE SUPERVISOR		STARTING PAY	FINAL PAY		
	REASON FOR LEAVING		\$ _____	\$ _____		
			PER _____	PER _____		
	EMPLOYER		DATES OF EMPLOYMENT MONTH AND YEAR		TITLE AND DUTIES	
	ADDRESS		FROM	TO		
CITY/STATE/ZIP PHONE #						
IMMEDIATE SUPERVISOR		STARTING PAY	FINAL PAY			
REASON FOR LEAVING		\$ _____	\$ _____			
		PER _____	PER _____			
EMPLOYER		ADDRESS		PHONE # ()	FROM / / TO / /	
EMPLOYER		ADDRESS		PHONE # ()	FROM / / TO / /	
EMPLOYER		ADDRESS		PHONE # ()	FROM / / TO / /	
REFERENCES	PROFESSIONAL REFERENCES, NOT RELATIVES					
	NAME	TITLE	COMPANY	PHONE NUMBER		
	1					
	2					
3						
MILITARY	ROYAL PLASTICS EEO POLICIES COMPLY WITH THE PROVISIONS OF SECTION 2012 OF THE VITNAM ERA READJUSTMENT ACT OF 1974.					
	MILITARY STATUS ACTIVE DUTY FROM ____/____/____ TO ____/____/____ RANK ATTAINED: _____					
	SERVICE DUTIES: _____					
	BRANCH OF SERVICE: _____					

NOTICE – Royal Plastics is an Equal Opportunity Employer and does not discriminate against any employee or qualified application for employment because of race, creed, color, religion, sex, age, natural origin, physical or mental handicap, or status as a disabled veteran or veteran of the Vietnam era.

EDUCATION	NAME AND ADDRESS OF SCHOOL		DID YOU GRADUATE?		
	HIGH SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>		
	TRADE, COLLEGE AND POST GRADUATE STUDIES: NAME AND ADDRESS OF SCHOOL		MAJOR	DEGREE?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO DEGREE, TOTAL UNITS COMPLETED _____					
SPECIAL COURSES YOU HAVE TAKEN EDUCATIONAL HONORS, LEADERSHIP POSITIONS, EXTRACURRICULAR ACTIVITIES, MANAGEMENT DEVELOPMENT OR TRAINING SEMINARS, PROFESSIONAL ORGANIZATIONS, DATA PROCESSING LANGUAGES, FOREIGN LANGUAGES, OTHER INFORMATION YOU WISH CONSIDERED: _____					
SKILLS	IF APPROPRIATE TO POSITION APPLYING FOR				
	DO YOU TYPE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CORRECTED WORDS PER MINUTE _____	
	DO YOU TAKE SHORTHAND?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OTHER SKILLS NOT LISTED _____	
	TEN KEY BY TOUCH?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WORDS PER MINUTE _____	
	DATA ENTRY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	KEY STROKES PER MINUTE _____	
MACHINES YOU CAN OPERATE (INCLUDING WORD PROCESSORS) _____					
CAREER OBJECTIVES	COMMENTS ABOUT YOUR CAREER OBJECTIVES, SPECIAL QUALIFICATIONS, OR MAJOR PROFESSIONAL ACHIEVEMENTS _____				

OTHER	HAVE YOU MISSED ANY WORK DURING THE PAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW MUCH? _____ WHY? _____				
	HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS) _____ (IN ACCORDANCE WITH COMPANY POLICY, THIS INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS AND TIME SINCE LAST CONVICTION)				
	IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE US TO CHECK YOUR WORK HISTORY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN _____				
	DO YOU HAVE ANY RELATIVES EMPLOYED BY ROYAL PLASTICS? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ARE YOU NOW OR DO YOU EXPECT TO BE ENGAGED IN OTHER BUSINESS OR EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN _____				
WHAT CLUBS ORGANIZATION, CIVIC OR OTHER GROUPS HAVE YOU BEEN A MEMBER OF IN THE LAST FIVE YEARS? (LIST OFFICES HELD). (EXCLUDE ANY ORGANIZATIONS THE NAME AND CHARACTER OF WHICH INDICATE RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR ANCESTRY OF ITS MEMBERS.)					
HOBBIES: _____					
ROYAL PLASTICS EEO POLICIES COMPLY WITH THE PROVISIONS OF THE REHABILITATION ACT OF 1973.					
CAN YOU PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES <input type="checkbox"/> NO <input type="checkbox"/>					
AUTHORIZATIONS AND SIGNATURE	PHYSICAL EXAMINATION AND HONESTY TESTING AUTHORIZATION: My initials below indicate that I agree to a pre-employment physical examination and honesty testing as a condition of employment. _____ initials.				
	DRUGS AND ALCOHOL SCREENING AUTHORIZATION: My initials below indicate that I understand that prior to an employment offer I must agree to submit to a drug and alcohol screen for the detection of the use of illicit drugs and/or alcohol. I also understand and agree that the results of this screen will be released to Royal Plastics. Those results will be used consistent with Royal Plastics policy regarding illicit drug and/or alcohol use. _____ initials.				
	I certify that all the information provided on this application is accurate and understand that it is subject to verification and that my employment and/or continuance thereof may be contingent upon its accuracy. I further understand that pre-employment reference verifications may include but not be limited to questions regarding theft from employers, education and job history, criminal convictions, and drug abuse history. All applications are kept on file for a period of six months.				
	Signature* _____ Date ____/____/____				
*PLEASE NOTE: This application will not be considered complete unless Physical Examination and Honesty Testing, and Drug and Alcohol Screening Authorizations are also initialed.					

ALL QUESTIONS MUST BE ANSWERED AS COMPLETE AS POSSIBLE FOR AN EVALUATION AND CONSIDERATION FOR EMPLOYMENT.