# http://www.topolymer.com/images/logo.png

## Employment Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It is the policy of Topolymer Enterprise to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran, recently separated or other covered veteran, or any other characteristic protected by federal, state, or local law. In addition, Topolymer Enterprise will provide reasonable accommodations for qualified individuals with disabilities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please complete the entire application. References to a resume are not acceptable – the specific information must be entered here.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | \_\_\_ | | Date: | | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | |
| Last | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | M.I. | |  | | | |
| Address: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |
| City: | | |  | | | | | | State: | | | | | | |  | | | | | Zip Code: | | | | | | |  | | | | | | | | | | | | |
| Phone: | ( ) | | | | | | | | | | | | | | | | | E-mail Address: | | | | | | | | | | | | |  | | | | | | | | | |
| Date Available: | | | | |  | | | | | | | | | |  | | |  | | | | | | | | | | | | | Desired Salary: | | | | | | | $ per hour | | |
| Position Applied for: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever worked for TPEL previously? | | | | | | | | | | | | | | | | | | | YES | NO | | | | If yes, when? | | | | | | |  | | | | | | | | | |
| Can you perform the essential functions of the position for which you are applying? YES  NO  If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If hired, can you furnish proof that you are eligible to work in the U.S.? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you at least eighteen (18) years of age? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are required to operate a Company vehicle or operate a personal vehicle while performing work-related duties, can you satisfy all requirements of your state to operate a vehicle legally? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you available to work: PART TIME  FULL TIME  If you cannot work full time, please explain:  Have you ever been convicted of a crime other than minor traffic offense? YES  NO  If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Address: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Did you graduate? | | | | | | YES | | | | NO | | | If no, did you receive a GED? | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| College: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Address: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| From: |  | | | | | To: | | | | |  | | | Did you graduate? | | | | | | | | | YES | | | | NO | | | | Degree: | | | | |  | | | | |
| Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Address: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| From: |  | | | | | To: | | | | |  | | | Did you graduate? | | | | | | | | | YES | | | | NO | | | | Degree: | | | | |  | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Company: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | |  | | | | | | |
| Full Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Company: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | |  | | | | | | |
| Full Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Company: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | |  | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | | |
| Address: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Job Title: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Starting Salary: | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Ending Salary: | | | | | $\_\_\_\_\_\_\_\_\_ |
| Responsibilities: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | \_\_\_\_\_\_\_\_\_ | | | | | | | To: | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | Reason for Leaving: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | |  | | | | | | | | | |
| Company: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | | |
| Address: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Job Title: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Starting Salary: | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Ending Salary: | | | | | $\_\_\_\_\_\_\_\_\_ |
| Responsibilities: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | \_\_\_\_\_\_\_\_\_ | | | | | | | To: | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | Reason forLeaving: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | |  | | | | | | | | | |
| Company | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | | |
| Address: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Job Title: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Starting Salary: | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Ending Salary: | | | | | $\_\_\_\_\_\_\_\_\_ |
| Responsibilities: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | \_\_\_\_\_\_\_\_\_ | | | | | | | To: | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | Reason for Leaving: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | |  | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | From: | | | | \_\_\_\_\_\_ | | | To: | | \_\_\_\_\_\_\_\_\_ |
| Rank at Discharge: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Type of Discharge: | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| If other than honorable, explain: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please read the following carefully:**  **I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Topolymer Enterprise to hire me. If I am hired it will be on “at will” basis, and I understand that either Topolymer Enterprise or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no member of management or other official or agent of Topolymer Enterprise has the authority to make any agreement (oral, written, or implied) or other representations contrary to the above.**  **I authorize Topolymer Enterprise to investigate all statements contained in this application. I understand that misrepresentation or omission of material facts will be cause for Topolymer Enterprise to refuse to hire me or to immediately terminate my employment.**  **I certify, as a condition of my employment, that all information given on this application is correct and that I will comply with all the rules and regulations of Topolymer Enterprise that are in effect now and any others that may be instituted at a later date.**  **By signing below, I accept and acknowledge the above.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |



**Employee Emergency Contact and Confidential Information**

Employee Name:

*First M.I. Last*

Department:

Date:

**EMERGENCY CONTACT INFORMATION:**

**In the event of an emergency, please contact:**

Relationship to employee:

Contact's address:

*Street City State Zip*

Telephone: Home: ( ) – Work: ( ) –

Cell: ( ) –

**Employee Spouse’s Name (if not listed above):**

Telephone: Home: ( ) – Work: ( ) –

Cell: ( ) –

**Additional Emergency Contact:**

Telephone: Home: ( ) – Work: ( ) –

Cell: ( ) –

**Additional Information:**

**Employee Signature: Date:**