Application for Employment

PLEASE PRINT

Extrutech Plastics, Inc...

Position(s)	Applied For	Date of Application						
Name	LAST	FIRST		MIDD				
Address	LASI	FIK51		MIDD	LE			
Telephone	()	Social Security Number	STATE	ZIP COI	DE			
If you are u If y res	AREA CODE inder 18, can yo ou are under 18, tricted by law as	u furnish a work permit? what is your birth date? Due to the nature of o to what jobs you can perfom and hours you may work.	our business, v	we are	Yes	No		
		yed here before?		No				
Are you leg	gally eligible for	employment in this country?			Yes	No		
		// Wage expectations: \$ per hour						
Type of em	ployment desire	d: Full Time Part Time Temporary						
weekends)	Àre you able to	ork week is 40 hours per week Monday through Friday, and ma meet the attendance requirements of the position? ime during the week and on Saturday if required? Yes No		Ye		times No		
Have you e ^{(Such cor} If yes, plea	ever been convic aviction may be relevant if se explain:	ted of a felony in the last seven (7) years?			Yes	No		
Have you e (Such cor If yes, plea	ever been convic nviction may be relevant if se explain:	ted of a misdemeanor in the last three (3) years?		Yes N	0			
Drivers's li	cense number (if	f required by job)		State				
Employ	ment History	Please complete the next section with your last four jobs. If you had any gaps in employment, complete the employment section anyway.	explain. If you have a	resume to attach	, be sure to)		
From	То	Employer	Telephone					
Job Title	I	Address	I					
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.						
Reason for leaving		Hourly Rate/Salary Start \$per Final \$per						
From	То	Employer	Telephone					
Job Title		Address						
Immediate Super	visor and Title	Summarize the nature of work performed and job responsibilities.						
Reason for leavir	ng	Hourly Rate/Salary Start \$erFinal \$er						
From	То	Start \$per Final \$per Employer	Telephone					
Job Title		Address						
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.						
Reason for leavir	ng	Hourly Rate/Salary						
From	То	Start \$per Final \$per Employer	Telephone					
Job Title		Address						
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.						
Reason for leavir	lg	Hourly Rate/Salary						
		Start \$ Final \$ per						

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

Educational Background

Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References

Name	Telephone	Years Known
	()	
	()	
		<u> </u>

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other person, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date ____/____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW					
Accepted for employment: Yes No Position					
Starting Rate \$per Hour Week	Scheduled to start work//				
Interviewed by:	Date//				

BENEFITS PACKAGE FOR FULL TIME SKANDIA EMPLOYEES

HOLIDAYS

6 Paid (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day). Must have completed 90-day probationary period to be eligible for paid holidays.

VACATION

No vacation time is earned during probationary period.

1 year = 1 week 3 years = 2 weeks

10 years = 3 weeks

GROUP LIFE, HEALTH INSURANCE & DENTAL INSURANCE

Eligible to participate the first day of the month following 60-day probationary period.

PROFIT SHARING / 401K PLAN

Eligible to participate in plan after one (1) year of employment. Open enrollment dates are January 1 and July 1. You may contribute up to 10% of your weekly income into the 401k plan. You will vest at 20% after two (2) years. Each year after two years, the vesting increases by 20%, 3rd year 40%, 4th year 60%, 5th year 80%, 6th year 100%.