

**Must be completed on-site at Polymeric**

Polymeric Inc.  
2828 Second St.  
Cuyahoga Falls, OH 44221  
330-928-2210

**POLYMERICS' EMPLOYMENT APPLICATION**

(Revised 3/1/2015)

Polymeric, Inc. is an Equal Employment Opportunity Employer. It is the philosophy, intent, and commitment of Polymers, Inc. to adhere to a policy of Equal Employment Opportunities for all applicants and employee without regard to race, color, religion, sex, age, national origin, veteran status, pregnancy, mental or physical disability or any other status protected by law.

When completing this application, do no leave any questions blank. Do not substitute "see resume" for any requested information. Complete one application for every job for which you are applying.

THIS APPLICATION WILL REAMIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING

**Personal Data**

**Date** \_\_\_\_\_

Name (exactly as it appears on your Driver's License)			Other Names you've gone by: (i.e. maiden name, nick names, etc.)		
Street Address			Social Security Number:		
City State Zip			Home Phone Number:		
			Cell Phone Number: E-mail address:		
Previous Address(es) Last 10 years Street Address			In Case of an Emergency, Notify:		
City State Zip			Name		
(continue on back if necessary)			Telephone Number:		
Are you over 18 years of age? ___Yes___No					
Have you ever been convicted: Felony ___Yes___No Misdemeanor ___Yes___No					
If yes, describe: When: Where (County, State): Disposition of Case:					

NOTE: A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and evidence of rehabilitation in making any employment decisions.

Please complete the following section if the job for which you are applying may require you to operate company vehicles or lift trucks.

Do you have a valid driver's license? ___Yes___ No	License Number:	State:
-Have you had any accidents in the last five years? ___Yes___No		
-Has your driver's license ever been revoked, denied, or canceled? ___Yes___No		
If yes, please give details:		
-Have you been cited for moving violations in the last five years? ___Yes___No		
If yes, please give details:		

Are you legally eligible for employment in the U.S.? \_\_\_Yes\_\_\_No (If hired, verification required I-9)

## Job Interests

Position(s) applied for: _____  Referred by: Name of Friend: _____ Name of Newspaper: _____ Name of Temporary Agency: _____ Other (List): _____  Indicate special qualifications or skills: _____  Date you are available for work: _____  Do you prefer: ___part-time or ___full-time Do you prefer: ___Cuy. Falls Plant ___Kent Plant ___either plant	Expected Earnings per Hour?  Have you worked for us before? ___Yes___No When? ___Month ___Year ___Shift Supervisor's Name: _____ Reason for Leaving: _____  Have you put in an application previously? ___Yes___No When? ___Month ___Year  What shift(s) do you prefer: First Choice: __Mornings __Afternoons __Nights Second Choice: __Mornings __Afternoons __Nights Third Choice: __Mornings __Afternoons __Nights Any Shift: _____
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Do you have a current position that would conflict with shift work? \_\_\_Yes\_\_\_No

## Educational History

Type of School	Name of School	City and State	Major	Years Completed	Degree
High School					
College					
Other (Specify)					

## Military History

Did you serve in the U.S. Armed Forces? ___Yes___No	What Branch?	Rank at Discharge?
Describe any military training received relevant to the position for which you are applying:		

## References (List at least three persons not related to you, whom you have known at least one year.)

Name	Address	Telephone	Relationship	Years Known

**This page must be completed in full with or without resume attached. Do not substitute "see resume".**

**Employment History** (Begin with present or most recent employer)

Company Name	Telephone
Street Address	Employed (month/year)
City State Zip	From To
Name of Supervisor	Hourly Pay Start Last <b>OR</b> Yearly Pay Start Last
State Job Title and Describe Duties	Reason for Leaving

May we contact this employer? \_\_\_Yes\_\_\_No

Provide explanation for any gap in employment history: \_\_\_\_\_

Company Name	Telephone
Street Address	Employed (month/year)
City State Zip	From To
Name of Supervisor	Hourly Pay Start Last <b>OR</b> Yearly Pay Start Last
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State Job Title and Describe Duties	Reason for Leaving

May we contact this employer? \_\_\_Yes\_\_\_No

Provide explanation for any gap in employment history: \_\_\_\_\_

(If you need additional space, continue on back.)

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State Job Title and Describe Duties	Reason for Leaving

May we contact this employer? \_\_\_Yes\_\_\_No

Provide explanation for any gap in employment history: \_\_\_\_\_

(If you need additional space, continue on back.)

APPLICANT SIGNATURE PAGE

If I am employed by the Company, my employment and compensation with the Company is entirely employment at-will, which means either my employment or my compensation may be terminated or changed at any time with or without cause or with or without notice by me or the Company. Nothing in any document provided to the employee by any Company representative or any statement made by any Company representative shall limit the right to terminate or change this employment at-will status. No representative, manager, supervisor, or other representative of the Company has any authority to enter into an Agreement for employment for any specified period of time or to make any agreement for employment other than at-will. The only Company representative who has the authority to any such agreement contrary to this employment at will status is the CEO of the Company and then only in writing.

I may be required to take any lawful medical examination, chemical, drug or alcohol test upon request by the Company at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Company. My refusal to take any such examinations or test immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment.

Further, I authorize the Company to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

I certify that there are no legal or contractual impediments that would prevent me from accepting employment with the Company or fulfilling the duties of the position(s) for which I am applying.

**Read Carefully before signing**

**I agree that any claim or lawsuit relating to my service with the Company, or any of its subsidiaries, must be filed no more than six (6) 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.**

**If you are hired, this employment application will become part of your official employment record.**

I also certify that the facts contained in this application are true and complete in all aspects. If I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I understand that if I am employed, if the Company later determines that this application, or any other documents or information given in conjunction with the hiring process contains false, incomplete, inaccurate or misleading information, my employment may be terminated immediately.

I have read and understand what is contained in this statement.

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PRINT Name

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Applicant's Signature

Date

## DISCLOSURE AND AUTHORITY TO RELEASE INFORMATION

I understand that, as a condition of my consideration for employment with Polymerics, or as a condition of my continued employment with Polymerics, Polymerics may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Polymerics' procurement of such reports. I understand that, pursuant to the federal Fair Credit Reporting Act, Polymerics will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Polymerics. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

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Signature of Applicant or Employee

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Date

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Printed Name of Applicant or Employee

