



APPLICATION FOR EMPLOYMENT

APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS

1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete this application may prohibit you from proceeding in the evaluation process for this position.
 2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
 3. Date and sign the application in all locations requested.
 4. Keep a copy of the application materials for your files.
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Date of Application for Employment: _____

Position Applied For: _____

Desired rate of pay: \$_____ Hourly \$_____ Yearly

Applicant's Name: _____
Last First Middle

Current Address: _____
Number Street City State Zip

Telephone (____) _____ Alternate (____) _____

Please provide any other name(s) used in the past that would be necessary for the Commission to know in order to verify prior employment and/or education: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Have you filed an application here before? If yes, give date? _____

Have you ever been employed here before? If yes, give date _____

Please list the names and exact relationship of any relatives who are employees of Sir Naik Group Industries (Jobs in USA, IEI, TRS, PAS, GSS, Atlas Steel, Evergreen Transportation):

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you a U.S. citizen or can you establish that you are an authorized legal worker? ☐ Yes ☐ No

On what date would you be available to begin work? _____

What level of employment are you seeking? ☐ Full time ☐ Part time ☐ Special Assignment

Have you ever been convicted of, or pled guilty or nolo contendere to any violations of the law other than a minor traffic violation?

☐ Yes ☐ No

If yes, please state what you were convicted of, when, where, penalty imposed, ultimate disposition of the charge, and state your date of birth on page 5 of this application. Your date of birth will be used for conviction verification only. Note: Convictions are not an automatic bar to employment, but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for discharge.

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying either with or without a reasonable accommodation?

☐ Yes ☐ No

Give name, address and telephone numbers of three (3) references who are not related to you, two professional and one personal. These references must be people whom we would not be able to contact via the list of previous employers on page three of this application.

Name of Reference	Affiliation	Mailing Address	Phone Number
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EDUCATION

	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name			
Area of Study			
Diploma/Degree received? Or credits earned.			
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			

Note: If selected for employment you will be asked to verify your educational attainment level.

Summarize any special skills and qualifications you have acquired from employment or through vocational experience, correspondence courses, service schools, in-service training or volunteer work (including, but not limited to, ability to type, take shorthand, word processing, computer skills, ability to operate machinery, or any other skills or abilities related to the position for which you are applying). Also include relevant licenses or certificates (please be specific and include dates for these):

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Please explain any gaps between periods of employment. If more space is required, you may duplicate this page to continue. Resumes may not be substituted for the information requested below.

	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>

	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>

	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>

Were you ever discharged or forced to resign from any positions? YES ☐ NO ☐

If yes, explain: _____

APPLICANT’S ACKNOWLEDGMENTS & CERTIFICATIONS:

The applicant hereby agrees with and acknowledges the following statements in applying for employment:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or the presence of a disability or handicap, provided the applicant has the ability to perform the essential functions of the position applied for either with or without a reasonable accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements or material omissions on this application or any other pre-employment documents shall result in my termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. A copy of this authorization shall be effective as the original.

In consideration of my employment, I agree to conform to the rules, regulations and employee code of conduct of Niche Polymer LLC and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Niche Polymer LLC or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by Niche Polymer LLC in connection with the processing of my application for employment and further agree to take any such physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by Niche Polymer LLC during my employment if I am offered and accept employment with the regional organization. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by Niche Polymer LLC will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by Niche Polymer LLC and is exclusively the Commission's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Commission.

Applicant’s Signature: _____ Dated: _____

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with Niche Polymer LLC will be based on your merit and qualifications and no other considerations.

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered: _____
Interviewed By: _____
Date of Interview: _____
Date of Employment Offer: _____

Niche Polymer LLC

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military services, national origin, ancestry, age, arrest or non-job-related conviction record or non-job-related physical or mental disability.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially, filed separately and used only to help us monitor Niche Polymer LLC Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

POSITION APPLIED FOR: _____

NAME (PRINT or TYPE): _____
Last First Middle

ADDRESS _____
Street City State Zip

SEX: ☐ MALE ☐ FEMALE

RACE/ETHNIC GROUP:

- ☐ **Black/African American** (not of Hispanic origin)
- ☐ **Asian American/Pacific Islander/Far Eastern/Indian Subcontinent** (i.e. Southeastern Asian, China, Japan, Korea, the Philippine Islands and Samoa)
- ☐ **American Indian/Alaskan Native**
- ☐ **Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American**
- ☐ **White/Caucasian/European/North African/Middle Eastern**

RECRUITING INFORMATION:

How did you hear about this job? (Please check one)

- ☐ Newspaper/Radio (please specify) _____
- ☐ Professional Journal/Magazine (please specify) _____
- ☐ Community Organization (please specify) _____
- ☐ Bulletin Board/Walk-in
- ☐ University/College (please specify) _____
- ☐ Present Commission Employee/Officer
- ☐ Referred by Job Service
- ☐ Website (please specify) _____
- ☐ Word of Mouth

The above completed information is true to the best of my knowledge

Signature

Date