



Fiber Bond Corporation

110 Menke Road/Michigan City, IN 46360

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

We consider all qualified applicants for positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other legally protected status.

Answer all questions fully. All information will be treated confidentially.

Date: _____	
Name: _____	Email _____
Mailing address and/or telephone number(s) where you can be reached regarding this application. Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Other: _____	
How did you learn of employment opportunity at our company? <input type="checkbox"/> Walk-in <input type="checkbox"/> Current Employee (name) _____ <input type="checkbox"/> School (name) _____ <input type="checkbox"/> Relative/Friend _____ <input type="checkbox"/> Advertisement (where) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Agency (name) _____	
Are you 18 years or older?	If not, when will you be 18?
Names of relatives or friends employed by this company: _____ If relative, what is their relationship? _____	
Have you been previously employed by this company? _____ When? _____ Under another name? _____ Why did you leave? _____	
Position(s) applied for: _____	
Rate of pay expected: _____	Hours available: _____
Shift preferred: _____	Date you can start: _____
If you are now employed, why do you want to change? _____	

## CRIMINAL RECORD

(Note: A guilty plea to or conviction of a felony is not an automatic bar to employment; all circumstances will be considered.)

Have you ever pled guilty to, or been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of any crime in the past 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, state the nature of the crime(s): \_\_\_\_\_

Date of plea(s) or conviction(s) named above: \_\_\_\_\_

Name and location of the court(s): \_\_\_\_\_

## EDUCATION

Please furnish all education and training which you believe helps qualify you for the position you are seeking.

EDUCATION	NAME OF SCHOOL	DATE		GRADUATE ( )		GED ( )	COURSES TAKEN
		FROM	TO	YES	NO		
Grammar							
High/Prep							
Vocational							
College							

What other special training have you had? \_\_\_\_\_

## REFERENCES

### PROFESSIONAL REFERENCES

(List 3 most recent supervisors who can be contacted for work references.)

Name	Company	Job Title	Phone No.

### PERSONAL REFERENCES

(Give the names and addresses of 2 persons who can be contacted for personal references, excluding relatives & former employers.)

Name	Address	Occupation	Phone No.

## REFERENCES

Do you authorize us to contact:

**YOUR FORMER EMPLOYERS**

YES     NO

**OTHER REFERENCES**

YES     NO

**YOUR PRESENT EMPLOYER**

YES     NO

## EMPLOYMENT EXPERIENCE (INCLUDE MILITARY SERVICE)

**For proper consideration, this section must be completely filled out, even if you are submitting a resume.**

PREVIOUS EMPLOYMENT	PRESENT OR LAST JOB HELD	SECOND TO LAST JOB	THIRD TO LAST JOB
<b>DATES HELD</b>	<b>FROM:      TO:</b>	<b>FROM:      TO:</b>	<b>FROM:      TO:</b>
COMPANY			
ADDRESS			
TYPE OF BUSINESS			
DEPARTMENT & DEPARTMENT HEAD			
JOB OR POSITION HELD			
WHY DID YOU LEAVE?			
LAST RATE OF PAY			

List in order, with the dates of employment, names of all other employers in addition to those listed above.


**CHECK ( ) ANY OF THE FOLLOWING IN WHICH YOU ARE EXPERIENCED.**

### CLERICAL APPLICANTS

### PRODUCTION APPLICANTS

	YRS. EXP.		YRS. EXP.		YRS. EXP.		YRS. EXP.		YRS. EXP.		
CALCULATOR		RECEPTIONIST		CUST. SERVICE		CRANE OPERATOR		GROUP LEADER		GEN MAINT.	
COMPUTER		SHORTHAND/WPM		INVENTORY		ASSEMBLY		TRUCK DRIVER		CARPENTER	
COMPUTER PROG		SWITCHBOARD		SUPERVISION		SEWING		FORK LIFT		ELECTRICIAN	
WORD PROCESS.		ACCOUNTING		OTHER (SPECIFY)		LAB TECHNICIAN		WELDING		MACHINIST	
SPREADSHEETS		ACCOUNTS RECEIVABLE / ACCTS PAYABLE				LABORER		DRAFTING		MILLWRIGHT	
CLERICAL WORK						MACHINE OPER.		PRESS OPER.		PIPEFITTER	
TYPING/WPM		DATA ENTRY				RECEIV/SHIP.		BULK MIXING		SHEET METAL	
FILING		TRANSLATING				SUPERVISION		INSPECTION		QUALITY CONTROL	

Provide any further information that does not appear elsewhere in this application that you think would be helpful to us in considering you for employment, such as special skills, experience, education, training, research, accomplishments, articles published, or other activities.

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## TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I hereby certify that the information provided on this application is true and complete, and I understand and agree that false statements, misrepresentations, or significant omissions in this application or during any subsequent interview form proper grounds for not hiring me or for terminating my employment if discovered at a later date.

I hereby authorize Fiber Bond to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. I further authorize my past and present employers to furnish Fiber Bond with my complete records of employment together with the reasons for my separation and any and all information that such employers may possess concerning me, and I release past and present employers and their officials, officers and agents from any and all liability or any damages that may accrue to me by reason of furnishing such information; I similarly release Fiber Bond from liability or damages for compiling such information.

I understand and agree that if I am employed, the employment relationship will be terminable at will by either party without notice or cause, notwithstanding any other oral or written statements by either party prior to, at, or following date of employment unless set out in writing, dated, and executed by both parties or their designated legal agents. Only an officer of Fiber Bond Corporation has such authority on behalf of the Company.

I understand that prior to beginning my employment, or from time to time during the course of my employment, I may be required, to the extent permitted by law and any applicable contract, to take a drug or alcohol screen, or similar test or examination, as a condition of hiring or continued employment.

I understand and agree that employment with Fiber Bond may be subject to a satisfactory physical examination by a Company appointed physician and I am willing to undergo a pre-employment physical examination.

I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that this application will be considered active for a period of one year only, and that I will not be considered for employment after one year from the date of this application unless I complete a new application at that time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)