



EMPLOYMENT APPLICATION SUBMISSION INSTRUCTIONS

Applications are accepted regardless of whether we currently have openings. Applications are held in file and considered current for 90 days. After 90 days, applications must be resubmitted.

No phone calls, please.

Applications will **ONLY** be accepted by e-mail, fax or mail.

Please send your application to the address provided below:

- 1) E-mail: hr@mcneelyplastics.com
- 2) Fax: 601-926-1039
- 3) Mail: Human Resources Department
McNeely Plastics
1111 Industrial Park Drive
Clinton, MS 39056

Applications will not be considered unless they are submitted in accordance with these instructions.

NO PHONE CALLS WILL BE ACCEPTED.

Thank you.

Download and print the employment application online at
mcneelyplastics.com/careers

Prerequisite: Print in BLACK INK or TYPE - These instructions must be followed exactly. Fill out all application forms completely.

1. Resumes will not be accepted in lieu of application.
2. All spaces must be filled in or represented as "n/a"
3. No application will be accepted if any spaces are empty
4. Application form must be signed when completed.

**Please Read The Following Statements Carefully And Indicate Your Understanding
And Acceptance By Signing In The Space Provided**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

This Application Must Be Signed: SIGN HERE:

Date: _____

Applicant Information:

Last Name:			First Name:			M.I.		Date:											
Street Address:								Apartment / Unit #:											
City:			State:			Zip:													
Phone:				Email Address:				Desired Salary:											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>														Social Security Number:					
Date Available:						<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>													
What Position Are You Applying For?																			

If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (State or authority) (City & State)	License No.
			City: _____ State: _____	
			City: _____ State: _____	
			City: _____ State: _____	
			City: _____ State: _____	



Questions:

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the United States? YES NO

Are you a veteran? YES NO

If yes, please supply Duty/specialized training:	
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Are you 18 years of age or older? YES NO

Are you currently Employed? YES NO

If yes, where?	
----------------	--

Have you ever been employed by this company? YES NO

If yes, when? Date:	
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Do you have any relatives employed by this company? YES NO

If yes, who? Name:	
--------------------	--

Name:	
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Have you ever been convicted of a felony? YES NO

If yes, please explain:	
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Do you have reliable transportation for work? YES NO

If no, please explain:	
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Do you have a valid Drivers License? YES NO

If no, please explain:	
------------------------	--

If offered a job, will you be willing to work any shift? YES NO

If no, please explain:	
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Education: (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School:
Address:

From: <input type="text"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
To: <input type="text"/>	Did you graduate? NO <input type="checkbox"/>	If no, did you get your GED? NO <input type="checkbox"/>

If yes, name and location of high school or GED institute:

High School location:

GED institute location:

College:
Address:

From: <input type="text"/>	YES <input type="checkbox"/>	Degree: <u>Type and Major/Minor Fields of Study</u>
To: <input type="text"/>	Did you graduate? NO <input type="checkbox"/>	

Other:
Address:

From: <input type="text"/>	YES <input type="checkbox"/>	Degree: <u>Type and Major/Minor Fields of Study</u>
To: <input type="text"/>	Did you graduate? NO <input type="checkbox"/>	

Employment History - This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.
2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

NOTE: All gaps in employment must be accounted for. If you need additional space to adequately describe your employment history, you may print this page and use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

NAME:

_____ Last Name (please print) _____ First Name (please print) _____ Middle Name (please print)

Company:					Phone:				
Address:					Supervisor:				
City:			State:			Zip Code:			
Starting Date		Leaving Date		Starting Salary:		Technical:			
Mo.	Day	Yr.	Mo.	Day	Yr.	Non-Managerial:		If supervisory, number of employees you supervised:	
						Supervisory/Managerial:			
May we contact your previous supervisor for a reference?								YES	NO

Your Job Title: _____

Summary of experience including special training/skills/qualifications you have in the performance of this job:

Specific reason for leaving:

For Office Use Only:

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

1. _____
2. _____
3. _____
4. _____
5. _____

Company:						Phone: <input type="text"/>												
Address:						Supervisor:												
City:						State:						Zip Code:						
Starting Date			Leaving Date			Starting Salary:						Technical:						
Mo.	Day	Yr.	Mo.	Day	Yr.	Leaving Salary:						Non-Managerial:			If supervisory, number of employees you supervised: <input type="text"/>			
												Supervisory/Managerial:						
May we contact your previous supervisor for a reference?															YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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1.
2.
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Company:						Phone: <input type="text"/>												
Address:						Supervisor:												
City:						State:						Zip Code:						
Starting Date			Leaving Date			Starting Salary:						Technical:						
Mo.	Day	Yr.	Mo.	Day	Yr.	Leaving Salary:						Non-Managerial:			If supervisory, number of employees you supervised: <input type="text"/>			
												Supervisory/Managerial:						
May we contact your previous supervisor for a reference?															YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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1.
2.
3.
4.
5.

References: Please provide three professional references of individuals from your previous employment. (Do Not list relatives or friends).

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES NO For Office Use Only:

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES NO For Office Use Only:

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES NO For Office Use Only:

References: Please provide three personal references of individuals from your previous employment.

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES NO For Office Use Only:

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES NO For Office Use Only:

Full Name:	Company:	Phone:
	Street:	Relationship:
	City/State:	Years Known:

May we contact your reference? YES NO For Office Use Only: