



APPLICATION FOR EMPLOYMENT

Molded Fiber Glass Texas An Equal Opportunity Employer

TO APPLICANT:

Molded Fiber Glass Texas ("The Company") is an Equal Opportunity Employer. The Company adheres to a policy of making all employment decisions without regard to race, color, sex, religion, national origin, age, disability, veteran status, citizenship or any other protected classification which may be applicable under the law of the particular state or locality in which you are applying for employment with the Company. Failure to complete and/or sign the application may result in the application not being considered. **This application will remain active for a period of 90 days after the date of application.**

PERSONAL INFORMATION

DATE OF APPLICATION _____ REFERRED BY _____

First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ State _____

Zip Code _____ Telephone # _____

Telephone # _____

If less than 3 years, Previous Address

Address _____

City _____ State _____ Zip Code _____

If hired, will you be able to prove that you are eligible to work in the United States? Yes _____ No _____

If hired, will you now or in the future require the Company to provide sponsorship to be eligible (or remain eligible) for employment in the United States (e.g., H-1B visa status)?

Yes _____ No _____

Are you under 18 years of age? Yes _____ No _____

Job applying for: _____ Rate of pay expected _____ per _____

Shifts Available:

Monday-Thursday 1st Shift

5:00am-3:30pm

If hired, on what date will you be available to start? _____ Will you work overtime if needed? Yes _____ No _____

Can you travel if required by the position? Yes _____ No _____

List any relatives employed by Molded Fiber Glass Companies or its affiliates. _____

EMPLOYMENT EXPERIENCE

Complete the following section in detail, most recent employer or current employer first.

Dates (Mo. / Yr.)		Name and Address of Employer	Rate of pay		Supervisor's Name and Title	Reason for Leaving
From	To		Start	Finish		
					Telephone # _____	

Describe your position and responsibilities:

Dates (Mo. / Yr.)		Name and Address of Employer	Rate of pay		Supervisor's Name and Title	Reason for Leaving
From	To		Start	Finish		
					Telephone # _____	

Describe your position and responsibilities:

Dates (Mo. / Yr.)		Name and Address of Employer	Rate of pay		Supervisor's Name and Title From	Reason for Leaving
From	To		Start	Finish		
					Telephone # _____	

Describe your position and responsibilities:

Summarize special skills and qualifications acquired from employment or other experience (including machines you can operate that may be relevant for the job you are applying for):

Have you ever entered into any agreements with any former employer or other entity (for example, an agreement not to compete or confidentially agreement) that may impact your ability to work for Molded Fiber Glass Companies or any other company?

Yes _____ No _____ If you answered "yes" please provide us with a copy of any such agreement(s).

Have you ever been terminated for cause (e.g., violation of company policy)? Yes _____ No _____

Have you ever been CONVICTED of a crime? A conviction will not automatically disqualify an applicant from a particular job.

Yes _____ No _____ If yes, list names of offense, dates of convictions, and dates of incarceration:

EDUCATIONAL HISTORY

Type of School	Name & Address	Course or Major	Graduate?	Degree
High School				
College				
Business or Trade				
Other				

TYPING (if relevant to job): _____ COMPUTER SOFTWARE KNOWLEDGE (if relevant to job): _____

REFERENCES

List three professional or personal references (not relatives)

NAME	ADDRESS	OCCUPATION	TELEPHONE #

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I understand that this application is not intended to create, nor should it be construed to create, an express or implied contract of employment. It does not create contractual obligations of any kind. If hired, I will be employed at will; I understand that this means that either I am or the employer is free to terminate the employment relationship at any time with or without cause or prior notice. I understand that no representative of the Company, other than the Chief Executive Officer or an Executive Vice President in the corporate headquarters, has any authority to enter into an agreement for employment for any specified period of time or, in any way, to modify the at-will nature of the employment relationship.

Initial: _____ I authorize the investigation into my background in compliance with the Fair Credit Reporting Act, including obtaining a criminal history report at any time prior to and if employed during, the course of my employment. I hereby give the Company permission to directly or through a third party contact schools, previous employers, references and others. I hereby release the Company and those it contacts from any liability whatsoever as a result of such contact and information provided and received as a result of such contact.

Initial: _____ I understand that failure to produce documentation of my right to work in the United States and failure to retain valid work authorization are grounds for refusal to hire or dismissal if I am employed.

Initial: _____ I understand that if I am offered and accept employment with the Company, I am prohibited from using or disclosing confidential and proprietary information that I have acquired during my employment for use other than for the benefit of the Company. I also understand that I may be required to sign a confidentiality agreement and/or non-solicitation/non-disclosure agreement as a condition of the employment.

Initial: _____ I hereby agree that if I am offered employment, I will submit to a required drug test at the expense of the Company, and that a negative result is a condition of employment. I hereby authorize the release of the laboratory tests to which I have consented, for the purpose of determining the presence of drugs or their metabolites in my body to the Company, to the examining physician, medical review officer, substance abuse professionals, and/or other agents of the Company, with the understanding that the Company will review the results of these tests in connection with making a decision concerning my application for employment. Other than for the purpose of making a determination concerning my application for employment, I understand the examining physician, medical review officer, substance abuse professionals, and/or other agents of the Company will not use or further disclose the information released pursuant to this authorization unless further expressly authorized by me or unless disclosure is required by law.

I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of the facts called for may result in refusal to hire or, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

SIGNATURE

DATE