

Department

Shift

Submit completed application via email, fax or in person.

ATTN: Human Resources Dept. Bedford Reinforced Plastics, Inc. One Corporate Drive, Suite 106 Bedford, PA 15522-7401 U.S.

Phone: 814-623-8125 | Fax: 814-285-3373

hr@bedfordreinforced.com | www.bedfordreinforced.com

PERSONAL (Please	print clearly)								
Name (Last, First, Middle					Date /	, /			
Street Address					Home Phone	-			
City/State/Zip					Alternate Pho	ne -			
Position Desired			Shift Desired st □ 2nd □ 3i	Pay Desired	Social Securit	ry # -			
List any special training /	skills / certifications	· · · · · · · · · · · · · · · · · · ·							
Have you ever been emplo	oyed here before?	□Yes □No	If so, da	te / /	How lon	g			
Department		Shift 1st	Name o	immediate supervisor					
Are you currently employed?									
Will you be working out a	notice with current er	mployer? 🗆 Yes	□ No Da	e available for work	/ /				
Do you have a valid driver	's license? ☐ Yes	s □No	If not, d	o you have reliable transp	ortation? \square Y	'es □No			
Are you legally eligible for employment in the United States? (Proof of U.S. Citizenship or immigration status will be required upon employment.)									
Have you ever been convicted of a felony during the last seven years? (Such conviction may be relevant if job-related, but does not bar you from employment.)									
EDUCATION (Pleas	e print clearly)								
School	Name		Street	Street Address, City, State		Course of Study			
High School									
College									
Business, Trade or Technical									
Prospective employees will receive consideration without discrimination due to race, creed, religion, color, sex, age, national origin, disability or veteran status. Active applications will be kept on file for six (6) months.									
(OFFICE USE ONLY)									
Called for interview	//	Intervi	ew Date	/ /	Time	:	AM / PM		
Department		Shift	Positio	1	Interviewed by				
Hire Date /	/ Ba	dge #	Emp #	HNDBK #	DOB	/	/		

Position

EMPLOYMENT HISTORY

List your last three employers, assignments, or volunteer activities; starting with the most recent. Please be thorough with the information provided.								
From /	To /	Employer	Telephone 					
Immediate Supe	ervisor	Street Address, City, State						
Job Title		Summarize the nature of the work performed and job responsibilities						
Reason for Leav	ing		Start Rate \$	End Rate \$				
From /	To /	Employer	Telephone					
Immediate Supe	ervisor	treet Address, City, State						
Job Title Summarize the nature of the work performed and job responsibilities								
Reason for Leav	ing		Start Rate \$	End Rate \$				
From /	To /	Employer	Telephone 					
Immediate Supe	ervisor	Street Address, City, State						
Job Title		Summarize the nature of the work performed and job responsibilities						
Reason for Leav	ing		Start Rate	End Rate \$				
List names of any relatives or friends currently working here								
SKILLS &	QUALIFICA	TIONS						
Summarize special skills and qualifications acquired from employment or other experiences								
CERTIFICA	ATIONS							
Summarize certifications acquired from employment or other experiences								
AGREEMENT								
I certify that answers given herein are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies, rules and regulations of Bedford Reinforced Plastics, Inc.								

Signature of Applicant Date