

# Thermoseal Industries, LLC

400 Water Street Gloucester City, NJ 08030

856- 456-3109

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We consider all applicants for positions without regard to race, color, creed, religion, sex, ancestry, national origin, age, marital or veteran status, or the presence of a nonjob-related medical condition, handicap or disability, or any other legally protected status.

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(PLEASE PRINT)

\_\_\_\_\_ Date of Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Street, City, State and Zip Code)

How long have you lived there? \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Address: \_\_\_\_\_  
(Street, City, State and Zip Code)

How long have you lived there? \_\_\_\_\_ Years \_\_\_\_\_ Months

Telephone (Check which preferred) \_\_\_\_\_ Home \_\_\_\_\_  
\_\_\_\_\_ Business \_\_\_\_\_

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Position Desired: \_\_\_\_\_ Full-Time/Part-Time (*circle one*)

Date Available to Work: \_\_\_\_\_ Salary/Compensation Desired: \_\_\_\_\_

Specify days and hours you are available for work: \_\_\_\_\_

Have you ever applied for a position with us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", when? \_\_\_\_\_

Have you ever been employed by us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", when and what position? \_\_\_\_\_

Do you have any relative or friends working here? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes, state identity and relationship: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_ Employment Agency  
\_\_\_\_\_ School/College

\_\_\_\_\_ Newspaper Ad  
\_\_\_\_\_ Employee Referral

\_\_\_\_\_ Walk-in Applicant  
\_\_\_\_\_ Other \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony within the last 5 years? (A conviction will not necessarily disqualify an applicant from employment.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Do you have any criminal charges pending? (This information will not necessarily disqualify an applicant from employment.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Are you able to perform in a reasonable and safe manner each essential job function and requirement of the job for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state your age. \_\_\_\_\_

If employment is offered, can you submit two of the following: birth certificate, social security card, certificate of U.S. citizenship, a U.S. passport, a state issued driver's license, or other verification of your identity and authorization to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## EMPLOYMENT HISTORY

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In the following spaces give a complete record of your last five (5) years of employment and explain any periods of unemployment. Begin with your most recent employment and work back. **If additional space is needed, attach a supplementary sheet.**

1. \_\_\_\_\_ Employed  
Present or last employer From: \_\_\_\_\_ Mo./Yr.  
To: \_\_\_\_\_ Mo./Yr.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Starting Position

\_\_\_\_\_  
Last Position

\_\_\_\_\_  
Other positions held

Starting Salary	Final Salary	Immediate Supervisor
Duties _____		
_____		
What did you like best about your job? _____		
_____		
What did you like least about your job? _____		
_____		
Reason for Leaving _____		
_____		

2. \_\_\_\_\_  
 Previous employer

Employed  
 From: \_\_\_\_\_ Mo./Yr.  
 To: \_\_\_\_\_ Mo./Yr.

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Telephone

\_\_\_\_\_

Starting Position	Last Position	Other positions held
Starting Salary	Final Salary	Immediate Supervisor
Duties _____		
_____		
What did you like best about your job? _____		
_____		
What did you like least about your job? _____		
_____		

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
Previous employer

Employed  
From: \_\_\_\_\_ Mo./Yr.

To: \_\_\_\_\_ Mo./Yr.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

Starting Position	Last Position	Other positions held
Starting Salary	Final Salary	Immediate Supervisor

Duties \_\_\_\_\_  
\_\_\_\_\_

What did you like best about your job? \_\_\_\_\_  
\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
Previous employer

Employed  
From: \_\_\_\_\_ Mo./Yr.

To: \_\_\_\_\_ Mo./Yr.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

Starting Position	Last Position	Other positions held
Starting Salary	Final Salary	Immediate Supervisor
Duties _____		
_____		
What did you like best about your job? _____		
_____		
What did you like least about your job? _____		
_____		
Reason for Leaving _____		
_____		

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**EDUCATIONAL DATA**

School	Print Name, City, State for each School Listing	No. of Yrs. Completed	Diploma/ Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night, or Corres.				
Other				

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**REFERENCES (NOT EMPLOYERS OR RELATIVES - AT LEAST THREE)**

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	<u>Name and Address</u>	<u>Occupation</u>	<u>Telephone</u>
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

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**SPECIAL SKILLS AND QUALIFICATIONS**

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Please include any other information you think would be helpful to us in considering you for employment, such as military experience, additional work experience, skills, abilities, articles/books published, activities, foreign languages, accomplishments, professional/ trade/business/or civic activities and offices held, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, handicap, or disability or any relationship with any labor organization.)

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**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

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(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No Your previous employers? \_\_\_\_ Yes \_\_\_\_ No  
Please identify any exceptions and reasons for not contacting. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. In order to permit a check of your work and education records, are there any name changes or assumed names that you previously used?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "yes," identify name(s) and relevant dates.  
\_\_\_\_\_  
\_\_\_\_\_
  3. Have you ever been terminated or asked to resign from any employment? \_\_\_\_ Yes \_\_\_\_ No If "yes," please explain:  
\_\_\_\_\_  
\_\_\_\_\_
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**DRIVING INFORMATION**

(To be completed only by applicants who are applying for a position where they will be required to operate a Company vehicle.)

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Do you have a current driver's license?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_

State	License No.	Expiration Date
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Has your driver's license ever been suspended or revoked?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain circumstances: \_\_\_\_\_

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Has your personal automobile insurance ever been canceled for reasons other than financial?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain circumstances: \_\_\_\_\_

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Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain circumstances and outcome: \_\_\_\_\_

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Please list all moving traffic violations in the last five (5) years:

\_\_\_\_\_

Offense	Date	Location
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\_\_\_\_\_

Offense	Date	Location
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\_\_\_\_\_

Offense	Date	Location
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\_\_\_\_\_

Offense	Date	Location
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PLEASE READ CAREFULLY BEFORE  
SIGNING THIS APPLICATION

1. I authorize the Company to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Company from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Company. \_\_\_\_\_  
initials
2. I also authorize the Company to secure criminal, motor vehicle, and financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the Company will provide me with a complete description of the nature and scope of the credit report investigation. \_\_\_\_\_  
initials
3. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, motor vehicle driving record, and employment references. \_\_\_\_\_  
initials
4. I authorize the Company to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Company from any and all liability for its providing this information. \_\_\_\_\_  
initials
5. In the event of employment or an offer of employment, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job for which I am hired or being considered or any future job. \_\_\_\_\_  
initials
6. I hereby agree to submit to any drug, alcohol or other testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge. \_\_\_\_\_  
initials
7. I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law. \_\_\_\_\_  
initials
8. I agree and understand that any offer of employment I may receive is contingent upon my successful completion of the Company's preemployment, post offer, screening process including any preemployment, post offer, physical examination that may be required. \_\_\_\_\_  
initials
9. In the event of my employment with the Company, I will comply with all rules, regulations, and policies of the Company. \_\_\_\_\_  
initials
10. I understand that nothing in this employment application, the Company's policy statements, personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that the Company has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason I think appropriate. I also understand that the Company retains the right to terminate my employment at any time for any reason the Company believes is appropriate. \_\_\_\_\_  
initials
11. I certify that all of the information I have provided on this application for employment is true and complete. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Company has not employed me and for immediate dismissal if the Company has employed me. \_\_\_\_\_  
initials

I hereby acknowledge that I have read, understand and agree to the preceding 11 statements.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_