



# **APPLICATION FOR EMPLOYMENT**

(This form will be treated as confidential)

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1. Position Applying For: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Given Names) (Surname)

3. Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security Nos.: \_\_\_\_\_

How Long Have You Resided at This Address? \_\_\_\_\_ Years.  
(If Less Than Two Years, State Previous Address and Period Resident)

Previous Address: \_\_\_\_\_

4. Emergency Contact:  
(Relative or friend who can be contacted in case of an emergency)

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Have you been unemployed for more than six months? : \_\_\_\_\_

6. Qualifications Held: \_\_\_\_\_

7. Associations of which you are a member: \_\_\_\_\_

8. Details of Previous Employment - most recent position first:  
(Only complete if your resume is not attached or been submitted)

Name of Company	Period Employed	Details of Employment
	From – To	(Include as applicable: position held, duties, reporting to, types of printing machines used, reasons for leaving.)
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9. Details of Education:  
(Only complete if your resume is not attached or been submitted)

Name of Institution and Standard Reached	From/To	Subject Passed and Results
<b>Secondary Schooling:</b>		
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<b>Tertiary &amp; Other Studies:</b>		
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(Copies of Certificates and Reports may be required to be produced)

10. Leisure Interests / Hobbies: \_\_\_\_\_

11. Clubs etc, of which you are a member: \_\_\_\_\_  
\_\_\_\_\_

12. Do you possess a driver's license ?                      YES / NO

13. If hired, would you have reliable means of transportation to and from work?                      YES / NO

15. Are you at least 18 years old?    YES / NO (if under 18, hire is subject to verification of minimum legal age)

16. References (Give details of any referees).

Name of Reference	Position Held	Name of Company	Phone No.
1.			
2.			
3.			

(Written references may be required to be produced. Verbal contact is at the Company's discretion.)

## MEDICAL HISTORY

It is important that **Full Disclosure** of all medical history be made to the following questions?

What is your present and general state of health? \_\_\_\_\_

\_\_\_\_\_

Do you now or have you ever suffered any injury or strain to your back or neck?

YES/ NO (If yes give details.) \_\_\_\_\_

\_\_\_\_\_

Do you now or have you ever suffered from dermatitis or any other skin disorder?

YES / NO (If yes, give details) \_\_\_\_\_

\_\_\_\_\_

Have you ever worked in processes or industries, which exposed you to noise?

YES / NO (If yes, give details) \_\_\_\_\_

\_\_\_\_\_

Have you ever received worker's compensation for injury or disease, or have you ever made or submitted Workers Compensation claim / Notice of Disability?

YES / NO (If yes, give details) \_\_\_\_\_

\_\_\_\_\_

Do you suffer any disability or impairment of function with the following?

A) Arms, Hands or Fingers: \_\_\_\_\_ G) Hearing: \_\_\_\_\_

B) Legs, Feet or Toes: \_\_\_\_\_ C) Back: \_\_\_\_\_

D) Lungs: \_\_\_\_\_ E) Speech, Taste or Smell \_\_\_\_\_

F) Eyesight (State "color Blind if you suffer from this impairment): \_\_\_\_\_

Do you now or have you ever suffered any other physical or mental illness, injury, ailment, disorder, or condition not already disclosed above?

YES / NO (If yes, give details).

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When was the last time you saw your doctor for medical treatment other than of a minor nature (if in the last 12 months, please detail nature of illness or injury)?

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Do you or have you ever suffered from epilepsy? YES / NO

## NOTES

The position applied for may include working a rotating shift and overtime. You must be prepared to carry out these duties.

Probationary Period: All fulltime employment is offered based on satisfactorily completing a six-month probationary period, commencing on the first day of attendance. (Temporary Employees who are subsequently offered full time employment, accept full time employment based on starting their six-month probationary period on the first day of full-time employment).

At the end of or at any time during this probationary period, employment may be terminated for non-satisfactory performance.

Medical Tests: may be requested to have a Medical Examination, at the Company's expense, which includes the following: General Health and Fitness Tests, Hearing Test, Color Blindness Test (males only), Blood Test (for Hepatitis B & C, H.I.V.) and Urine Test (for illicit drugs).

Please state your preference for medical practitioner: Male  Female  Either

Do you agree to undergo a medical examination for the purpose of obtaining a benchmark point of your current state of health?

Health test results will be forwarded direct to the Personnel Officer at Maverick Enterprises, Inc. / Enoplastic USA, Inc. and kept on confidential record. Disclosure of this information will only be made to relevant company representatives.

Please sign below to indicate your consent to a medical examination, the collection and retention of results.

### **Please read each section carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this applications or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Maverick Enterprises, Inc. / Enoplastic USA, Inc. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to the company all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations, from all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required company employment eligibility verification document form upon

## **ACKNOWLEDGMENT**

The information requested in this form is required to assist in the selection process of our recruitment. You are only required to complete the information that you determine is relevant to the application.

Unsuccessful applicants' information will be confidentially destroyed within four weeks of the appointment to the role being filled.

All information provided will only be available to representatives of Maverick Enterprises, Inc. / Enoplastic USA, Inc., will be securely held, and not disclosed to a third party.

Please sign below to confirm your consent to the collection of this data including obtaining relevant information from referees supplied by you.

I declare the particulars set out in my application and supporting medical history detail are true and correct and that any offer of employment is based on the accuracy of the statements made by me.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date