

American Plastic Toys, Inc.

Application For Employment

I. General Information

(PLEASE PRINT)

Please check mark the shifts you are willing to work.

Day (7a.m.-3p.m)

Afternoon (3p.m.-11p.m)

Night (11p.m.-7a.m)

Date: _____

Name: _____
Last
First
Middle

Present Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

Position or Job Wanted _____

If hired, can you provide the documents to prove that you are legally able to work in the U.S.? Yes No

Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify the information given in this Application _____

Have you ever been employed here before? Yes No if yes, give dates: _____

Are you employed now? Yes No if so, may we contact your present employer? Yes No

Are you available to work full time? Yes No on what date would you be available to work? _____

Are you on lay-off subject to recall? Yes No Are you 18 years or older? Yes No

If you are under 18 years old can you furnish a work permit? Yes No

Have you ever been convicted of a crime, or are there any felony charges pending against you? Yes No

If yes, please explain: _____

*A yes response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as the age and nature of the offence, and rehabilitation, will be taken into account.

II. Education

Type of School	Name & Location	Academic Major	Last Year Attended				Graduated	Degree/Cert.
			9	10	11	12		
High School								
Vocational								
College								
College								

III. Employment History

Beginning with your current or most recent employment, account for all work history, including part-time, full time, temporary and self-employment. Failure to fully and accurately complete the information below may prevent your employment at American Plastic Toys, Inc. or result in your immediate discharge in the event you are hired.

List name & address of employer starting with most recent	Kind of work done	Reason for leaving	Period employed		Earnings
			From	To	

If you served in the U.S. Armed Forces, please indicate; Branch of Service _____ Date of discharge _____

Rank at discharge _____ describe your duties and any special training _____

Dishonorable discharge? Yes No

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation Yes No

Authorization and Understanding

I certify that information given in this Application and related documents are true and complete without qualification. I understand that American Plastic Toys, Inc. may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews, and I Authorize American Plastic Toys, Inc. to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation or omission of fact by me can prevent my employment by American Plastic Toys, Inc. or result in my immediate discharge.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of American Plastic Toys, Inc. and can be terminated, with or without cause, and with or without notice, at any time at the option of either American Plastic Toys, Inc. or myself. I further understand and agree that no manager, representative, agent or employee of American Plastic Toys, Inc., other than it's President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the President of American Plastic Toys, Inc. in order to be effective.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/or alcohol) at the employer's discretion and expense.

Application Signature _____ Date _____

Please Read

This application will only be considered for the 90 calendar day period after its receipt by American Plastic Toys, Inc. Should you wish to be considered after the expiration of this period, you must reapply.

American Plastic Toys, Inc. is an equal opportunity employer and complies with all applicable laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, uniformed service status, disability, genetic information, height, weight, and marital status. A disabled person may allege a violation against an employer regarding a failure to accommodate his or her disability under the Michigan Persons with Disabilities Civil Rights Act only if the disabled person notifies the employer in writing of the need for accommodation within 182 days after the date the disabled person knew or reasonably should have known that an accommodation was needed.

EEO-1 Voluntary Self Identification
(2007 EEO-1 changes, updated information needed for EEO-1 reporting purposes only)

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department.

GENDER: MALE FEMALE

RACE/ETHNICITY (PLEASE CHECK ONE OF THE DESCRIPTIONS BELOW CORRESPONDING TO THE ETHNIC GROUP WITH WHICH YOU IDENTIFY.)

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

- White (Not Hispanic or Latino)**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- Black or African American**
A person having origins in any of the black racial groups of Africa.

- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)**
A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

- Asian (Not Hispanic or Latino)**
A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

- American Indian or Alaska Native (Not Hispanic or Latino)**
A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

- Two or More Races (Not Hispanic or Latino)**
All persons who identify with more than one of the above five races.