

Double H Employment Application

www.doublehplastics.com

IMPORTANT NOTICE Double H is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, sex, sexual orientation, age, national origin, disability, or any other characteristic or activity that is protected under federal, state or local law. If you have a substantially limiting physical or mental impairment that requires accommodation for you to complete this application or participate fully in the application and interview process, *without disclosing the nature of the impairment*, please notify us and we will accommodate that need to the extent we can reasonably without incurring undue hardship. In this Employment Application form and throughout any interview process that might follow, do not volunteer any information that is not requested. Specifically, do not provide information that could disclose your race, color, religion, sex, sexual orientation, national origin, age, disability or labor organization affiliations.

APPLICANT INFORMATION Print Name: TODAY'S DATE									ODAY'S DATE			
Print Address:			Last	First	Homo	Middle						
Print Address: Home Phone: Cell Phone:												
	City	C+	ata Zin	Codo E		_						
□Yes □No	City State Zip Code Email Address:											
	□ No Can you, after employment, submit verification of your legal right to work in the United States?											
∐ Yes ∐ No												
Yes No If required for the job, do you have a valid, appropriate driver's license? If "yes," Name on License State Type (e.g., CDL) Number												
☐ Yes ☐ No												
☐ Yes ☐ No	Yes No Have you been employed by or applied for employment with Double H? If "yes," Where? When?											
□Vaa □Na										When?		
☐ Yes ☐ No			do you otherwise k such person by fu					yed by Double H?	,			
☐ Yes ☐ No												
IMPORTANT NO		•	•			•		•	romotonoso in timo	rolation to the job		
sought and rehabi	ilitation	efforts will be con	necessarily be a bar sidered. Do not disc nviction; or, referral to	lose informati	on cor	ncerning any co	onvicti	ion that has been se	ealed, expunged, era			
If "yes,"												
Charge(s) Jurisdiction(s)												
Yes No Are there any currently pending charges against you in any jurisdiction? If "yes," Charge(s) Unisdiction(s)										Jurisdiction(s)		
POSITION AND			sition Desired:						alary Desired:	.,		
☐ Yes ☐ No	Refe regu	rring to the job o	description, can yountify the function(s)	u perform ea	ch es	sential function	on wit	th or without acco	mmodation? If acc	commodation is		
Type of work de	-	·		Part time		Temporary		·	Other – Describe	·		
(Check All That Appl	ly)	L] . a	. are time		, romporary	_] 0.1. 00.11		·· <u>——</u>		
*I am willing and able to work Nights												
(Check All That Apply) * NOTICE: Production-related employees must be available to work 12-hr. shifts, including 7pm to 7am.												
☐ Yes ☐ No Are you willing to travel? If "yes," to what extent?												
Indicate the Hours		Sunday	Monday	Tuesda	ay	Wednesd	ay	Thursday	Friday	Saturday		
to	Work rom:											
1	To:											
EDUCATION	N	ame of School	City and S	State		Did you raduate	N	Degree //ajor/Minor	Year Received	Cumulative GPA		
High School					☐ Y	☐ Yes ☐ No						
High School	riigii Guluul					☐ Yes ☐ No						
College or University												
Post Graduate					🗆 ,	′es						
			•		<u> </u>				1			
Extracurricular Activities S			Special Awards & Honors			Offices Held			% of cost you (not pare	ents) paid/borrowed		

Additional Education, Professional Memberships, Certificates or Licenses held, Computer and Typing Experience and Skills, Vocational or Professional Information, such as special areas of research or study, seminars, etc. Also, if fluency in a foreign language is listed on the job description, please indicate below whether you are fluent in the language listed. (Attach additional sheet, if necessary).

Street					first. Include periods of time for the periods. (Attach additional sheet, if necessary)	
Print Address: Street	Employer:				Employed From	: To:
Street		Print Name	•	Type of Business	Telephone Num	ber:
Employer:	Print Address:	<u> </u>			- () W	May we contact? Yes No
Employer:		Street			Supervisor(s) Name(s)	/
Employer:		City	State	Zip Code	Termination: Voluntary Involuntary Ex	plain Salary Starting/Ending
Print Address: Frint Address Frint Flame					Specific Job Duties	·
Print Address: Frint Address Frint Flame	Employer:				Employed From	: To:
Street Supervisor(s) Name(s) Termination Voluntary Involuntary Explain Salary Starting Ending	. ,	Print Name	-	Type of Business		
Employer:	Print Address:					May we contact? Yes No
Employer:		Street			Supervisor(s) Name(s)	,
Employer: Print Name		City	State	Zip Code	Termination: Voluntary Involuntary Ex	plain Salary Starting/Ending
Employer: Print Name					Specific Joh Duties	
Print Address: Free	Employer:				•	· To:
Print Address: Signet Supervisor(s) Name(s) Supervisor(s) Name(s) Supervisor(s) Name(s) Salary Starting/Ending	Employer.	Print Name		Type of Business		
Street Zip Code Z	Print Address:				relephone Num	
MILITARY SERVICE Branch From (Mo/Yr) To (Mo/Yr) Experience relevant to the position ACTIVITIES & VOCATIONAL GOALS List any hobbies or interests you would like us to know about: What interests you most about working for Double H? What are your career or vocational goals? How did you learn of the job opportunity? REFERENCES List three persons, other than relatives or personal friends, who you have known for at least one year and who have knowledge of your work experience or education. Name Address Phone Occupation Name Address Phone Occupation READ CAREFULLY BEFORE SIGNING: I agree that I must file any claim or lawsuit arising from or related in any way to my employment relationship with Double H within one (1) year after the action or occurrence giving rise to the claim; that any claim not asserted within that time will thereby be waived; that I waive all otherwise applicable limitations periods; and that both Double H and I waive the right to a jury trial of any claim for lawsuit arising from or releted in any way to my employment relationship with Double H within one (1) year after the action or occurrence giving rise to the claim; that any claim not asserted within that time will thereby be waived; that I waive all otherwise applicable limitations periods; and that the SENDIONEH And I waive all otherwise applicable minitations periods; and that the SENDIONEH And I waive all otherwise alone to business in Pennsylvania and that this Employment Application is and will be controlled by Pennsylvania law. APPLICANT ACKNOW_EDGEMENT: I understand, that although this Employment Application is not an offer or promise of employment, if I am hired it will have been relied upon to do so and it will become part of my official employment record. I further understand that any my inspression policies, and procedures. I understand that any employment time time of the promise of employment and reliation or material omission of information will result in my not receiving an offer or, if I have been hired, my dismissal.	Time Address.	Street			Supervisor(s) Name(s)	
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o Double H Tennessee, LLC 5300 East Morris Boulevard, Morristown, TN 37813 Phone 423-587-0618 - Fax 423-587-0619	o Do	ouble H Manuf	facturing Corp	oration- 2548 We	urminster, PA 18974 Pho st 26 th Street, Marion, IN 46953 Pho	ne 765-664-9090 - Fax 765-664-1002