

**TETRA MOLD AND TOOL, INC.**  
**EMPLOYEE APPLICATION**

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**DATE:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS JOB:** \_\_\_\_\_

**PLEASE CIRCLE THE POSITION YOU ARE APPLYING FOR:**

**A. QUALITY TECHNICIAN    B. SUPERVISOR    C. TOOLMAKER ASSISTANT**  
**(press operator)                      (foreman)**

**D. MAINTENANCE    E. MANAGEMENT    F. QUALITY CONTROL(mgt)    G. SECRETARIAL**

**H. MATERIAL HANDLER    I. TRUCK DRIVER**

**SHIFT PREFERENCE:** \_\_\_\_\_.

**ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING:    YES    NO**

**PLEASE LIST ANY EXPERIENCE AND/OR EDUCATION PERTAINING TO THE POSITION YOU ARE APPLYING FOR:**

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**LIST LAST THREE EMPLOYERS:**

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_  
DATES EMPLOYED: \_\_\_\_\_

REASON FOR LEAVING THIS JOB:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_  
DATES EMPLOYED: \_\_\_\_\_

REASON FOR LEAVING THIS JOB:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_  
DATES EMPLOYED: \_\_\_\_\_

REASON FOR LEAVING THIS JOB:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST THREE PERSONAL REFERENCES: (excluding family, include phone numbers)**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**TERMS AND CONDITIONS OF EMPLOYMENT**

Tetra Mold & Tool, Inc. is an equal opportunity employer and selects the best matched individuals for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or protected groups under federal or local equal opportunity laws.

**I UNDERSTAND AND AGREE THAT:**

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of/or if employed, termination from employment.
2. It is my understanding that Tetra Mold & Tool, Inc. will make a thorough investigation of my entire work history and verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving or receiving any such information discovered as a result of this Investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this company at any time without liability for wages or salaries except such as may have been earned before the date of termination.
4. If requested by management at any time, I agree to submit to search of my person or any locker that may be assigned to me, and I hereby waiver all claims for damages on account of such examination.
5. I authorize any physician or hospital to release any information to Tetra Mold & Tool, Inc. which may be necessary to determine my abilities to perform the duties of a job I am being considered for, prior ro employment or in the future during my employment with Tetra Mold & Tool, Inc.
6. Within six(6) weeks after hire, you will be requested to have a thorough physical examination which will be performed by our company doctor. If your employment should be terminated or the physical shows any medical reason(s) employment should be terminated, you will be responsible for the cost of the physical examination.
7. Tetra Mold & Tool, Inc. reserves the right to take necessary steps and precautions (e.g. drug testing) to establish a drug-free workplace.
8. Although management makes every effort to accommodate individuals' preferences, business needs may at times make the following conditions mandatory; overtime shift work, a rotating work schedule, or a work schedule other than Monday through Friday.
9. I understand that information provided to me during my employment maybe confidential and/or proprietary. Any information provided during my employment will be kept in strict confidence and will not be shared outside of Tetra Mold & Tool, Inc., unless approved by an authorized Tetra Mold official in writing. This includes; prints, customer lists, operating procedures, and or techniques that are not readily available to the general public.

I understand and accept the conditions of this application. I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that Tetra Mold & Tool, Inc. can change wages, benefits, and conditions of this application at anytime.

**I HAVE READ AND UNDERSTAND THE ABOVE AND PREVIOUS PAGE**

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

Signature: \_\_\_\_\_.

**IN CASE OF EMERGENCY NOTIFY:**

NAME: \_\_\_\_\_.

RELATION: \_\_\_\_\_.

TELEPHONE NUMBER: \_\_\_\_\_.

**AUTHORIZATION FOR MEDICAL AND/OR HOSPITAL INFORMATION:**

**TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This is to authorize any physician, hospital, medical attendant or others to furnish Tetra Mold & Tool, Inc. or any representative thereof, any and all information or opinions, which they may request regarding my physical conditions and treatment rendered thereof, and to allow them to see or copy and X-Ray or records which you may have regarding my condition or treatment. I have applied for a job and Tetra Mold & Tool, Inc. needs your information in order to evaluate my ability to do the work. I hereby waiver any privilege I have to said information to my prospective employer.*

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

Employee Signature: \_\_\_\_\_

**AUTHORIZATION OR REQUEST FOR EMPLOYMENT RECORDS:**

**TO:** (not to be completed by applicant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*I have authorized and request that Tetra Mold & Tool, Inc., be provided with all employment records acquired during my duration of employment with your company.*

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

*At Tetra Mold & Tool, Inc., our desire is to provide top-quality service and products to each of our customers by implementing our experience in the area of mold design and creation, and our expertise in the field of plastic injection molding. As a company we have the opportunity to enhance our community and positively affect our industry through the following principles of manufacturing.*

**TEAMWORK, EFFICIENCY, TECHNOLOGY, RELIABILITY, ACCURACY**