



MERIDIAN SPECIALTY YARN GROUP, INC.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Last Name:		First Name:			Middle Name:	
Address:	Number:	Street:	City:	State:	Zip Code:	
Telephone Number(s):				Social Security Number		

JOB INTEREST

Position Desired:		Wages or Salary Expected: \$
Other Position For Which You Are Qualified:		Date Available:
List Names of Relatives Employed by Meridian Specialty Yarn Group, Inc.		Available For _____ 1 st Shift _____ 2 nd Shift _____ 3 rd Shift _____ Overtime if Necessary
Were You Ever Previously Employed By Meridian Specialty Yarn Group, Inc.? If Yes, Where & When:		Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION

	Elementary								High School				College/University				Graduate/Professional			
School Name																				
Years Completed (Circle 1)	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities:																				
Honors Received: State any additional information you feel may be helpful to us in considering your application.																				

MILITARY

Branch of U.S. Service:	Date Entered:	Date Discharged:	Final Rank:	Service No.
			Draft Status:	Discharge Type:

Are you 18 years of age or older? _____ YES _____ NO

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required if hired.) _____ YES _____ NO

Have you ever been convicted of a crime? _____ YES _____ NO

(Conviction will not necessarily disqualify an applicant from employment.)

If "YES," please explain: _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, creed, national origin, gender, religion, age, disability, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

IT IS THE POLICY OF MERIDIAN SPECIALTY YARN GROUP, INC. (MSYG) TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES (EEO) TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, GENETICS, OR ANY OTHER LEGALLY PROTECTED STATUS.

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if any information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize my present employer, past employers, all references, and any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between MSYG and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon MSYG unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that MSYG retains the same right.

I understand that prior to being offered employment with MSYG I may be requested to take an examination. In the event I have a disability which may affect my ability to take the test, I will so inform MSYG prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. MSYG reserves the right to require medical documentation concerning the need for accommodations. I further understand that if an offer of employment is tentatively made to me, it is conditioned upon the successful completion of a post-offer drug screen and potential medical examination.

I understand that if employed, policies and rules which are issued are not conditions of employment and MSYG may revise policies and procedures, in whole or in part, at any time. I also understand that this application will be kept actively on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.

Signature of Applicant _____

Date _____