Phone 715-359-6600 • Fax 715-355-5472

### **APPLICATION INSTRUCTIONS**

Thank you for your interest in Styrene Products, Inc. <u>Before completing this application</u>, <u>please read these instructions in their entirety</u>. If you need help to fill out this Application packet, please notify the person that gave you this form and every effort will be made to accommodate your needs.

This Application packet contains the below listed documents. These documents must be turned in together. In order to be considered for the position you are applying for, ALL 3 documents must be submitted back to us for review. You will not be called for an interview unless you have completed all 3 documents.

Document 1: Application for Employment (3 pages) Document 2: Application Questionnaire (2 pages)

Document 3: Styrene Products Measuring and Yield Test (3 pages)

- 1. Please thoroughly read all statements contained in this Application packet
- 2. Complete all pages of this packet completely and accurate. If you have a resume or other document summarizing your education, employment history, references, etc., please feel free to attach this document. You do not need to complete those sections of the application that are covered and would be duplicated by your resume, however the application must still be signed and dated.
- 3. Print clearly. Incomplete or illegible applications will not be processed.
- 4. Additional space If you need additional space for any part of this application, please use the back of page.

### **Applicant Note:**

This Application packet is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process, or if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after \_\_\_\_ days. If at any time after this point you wish to be considered for employment with this company, another application with have to be completed.

### **EEO Statement:**

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, citizenship, age, disability, sex, marital status, sexual orientation, or any other characteristic protected by Local, State or Federal law.

### **EMPLOYMENT APPLICATION**

**APPLICANT INFORMATION:** 

### Today's Date:\_\_\_\_\_ Position Applied For: Name: Last First Middle Home Phone:\_\_\_\_ Work Phone: Current Address: **AVAILABILITY** Are you legally authorized to work in the United States? Yes No Are you under the age of 18, and can you provide proof of eligibility to work? \(\begin{align\*} \Pi \) Yes \(\begin{align\*} \Pi \) No On what date can you start \_\_\_\_\_ ☐ Part-time What job category would you prefer? ☐ Full-time For what schedules would you be available? ☐ First Shift ☐ Second Shift ☐ Third Shift ☐ Overtime ☐ Weekends ☐ Other **EDUCATION** Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+ NAME CITY/STATE **DEGREE EARNED** High School College Other **BACKGROUND** ☐ Yes ☐ No Have you ever been convicted of a crime (other than a moving violation) or served time? If so, please describe below. Conviction of a crime does not automatically disqualify you from employment **INCIDENT** CITY/STATE CHARGE 1. 2. 3.

### **EMPLOYMENT HISTORY**

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

|                                |                                 | ☐ Yes | □ No | Are you curre | ently working | g for this employer? |                          |                     |  |
|--------------------------------|---------------------------------|-------|------|---------------|---------------|----------------------|--------------------------|---------------------|--|
|                                |                                 |       |      |               |               | ir current employer? |                          |                     |  |
|                                |                                 |       |      |               |               |                      |                          | ( )                 |  |
|                                | Company Name                    |       |      |               | City          |                      | State                    | Phone Number        |  |
| MOST RECENT<br>EMPLOYER        | From (month/yr)                 |       |      | To (m         | onth/yr)      |                      |                          |                     |  |
|                                | Dates Employed                  |       |      |               |               |                      | Supervisor's Name/Number |                     |  |
|                                | Job Title                       |       |      |               |               | Pay                  |                          | □ Hourly □ Annually |  |
|                                | Duties                          |       |      |               |               |                      |                          |                     |  |
|                                | Reasons for Leaving             |       |      |               |               |                      |                          |                     |  |
|                                |                                 |       |      |               |               |                      |                          | ( )                 |  |
|                                | Company Name                    |       |      |               | City          |                      | State                    | Phone Number        |  |
| ECENT                          | From (month/yr)  Dates Employed |       |      | To (m         | onth/yr)      |                      | Super                    | visor's Name/Number |  |
| YER                            |                                 |       |      |               |               | \$                   |                          | D Hourly D Annually |  |
| SECOND MOST RECENT<br>EMPLOYER | Job Title                       |       |      |               |               | Pay                  |                          | driouny dramidany   |  |
| SECC                           | Duties                          |       |      |               |               |                      |                          |                     |  |
|                                | Reasons for Leaving             |       |      |               |               |                      |                          |                     |  |
|                                |                                 |       |      |               |               |                      |                          | ( )                 |  |
|                                | Company Name                    |       |      |               | City          |                      | State                    | Phone Number        |  |
| THIRD MOST RECENT<br>EMPLOYER  | From (month/yr)                 |       |      | To (m         | onth/yr)      |                      |                          |                     |  |
|                                | Dates Employed                  |       |      |               |               |                      | Super                    | visor's Name/Number |  |
|                                |                                 |       |      |               |               | \$                   |                          | ☐ Hourly ☐ Annually |  |
|                                | Job Title                       |       |      |               |               | Pay                  |                          |                     |  |
|                                | Duties                          |       |      |               |               |                      |                          |                     |  |
|                                | Reasons for Leaving             |       |      |               |               |                      |                          |                     |  |

| Which of these jobs did you lik  | e best?                                   |  |   |              |
|--|---|--|---|--------------|
|  |   |  |   |              |
|  |   |  |   |              |
| What did you like most about t   | his job?                                  |  |   |              |
|  |   |  |   | -            |
|  |   |  |   |              |
| REFERENCES   | Include only additional spa               |  | ities. Do not include relatives. The back may be use  | d if         |
| NAME 1.  |   | ADDRESS/PHONE  | YEARS KNOWN/RELATIONSHIP  |              |
| 1.   |   |  |   |              |
| 2.   |   |  |   |              |
| 3.   |   |  |   |              |
| CERTIFICATION  | me are co                                 | mplete and true to the best of my  | going questions and any statements mad<br>knowledge and belief. I understand tha  | t an         |
| result in rejection of my appl<br>requires, I am willing to sul<br>understand that if I am hired | ication, or o<br>omit to dru<br>my employ | lischarge at any time during my em<br>g testing to detect the use of illec | nformation called for in this application in the ployment. I also agree that, if company pigal drugs prior to and during employment the Company or I can choose to termination in the control of the price. | olic<br>ent. |
| AUTHORIZATION  | the proces                                | ss to determine my fitness for emp   | cal testing may be conducted on me as pale<br>loyment, and hereby agree to submit to<br>rs, current and/or former employers, and  | suc          |
| enforcement authorities to r said persons, schools, con  | elease any<br>npanies, m                  | information concerning my backg  | round or test results, and hereby release<br>or former employers, and law enforce   | e an         |
| Applicant's Full Name (please p  | orint)                                    |  |   |              |
| Signed_  |   |  | Dated_  |              |

## Styrene Products, Inc.

**Application Questionnaire** 

**Types of positions**: Below are brief descriptions of the types of positions available at Styrene Products. Please rank the positions in order of interest (1 being the highest interest, 4 being the lowest interest). If there are positions you are not interested in, please note "N/A" (not applicable) next to the position description.

|       | Machine Operator: This position involves operating the hot wire cutting equipment we use fabricate our parts. Machine operators must be 1) proficient in reading a tape measure measure parts and to setup wires on the equipment), 2) proficient in reading and interpreting p drawings, 3) able to work with others in a team setting. Depending on the specific position, the positions may include some material handling and / or stretch wrapping of finished products.                        |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|
|       | Gluer – Assembly: This position involves gluing 2 or 3 component parts together into final assemblies using a hot melt adhesive. Gluers must be proficient in reading a tape measure and understanding part drawings. The day to day activities are low impact (handling very light weight foam parts) but are repetitive. Gluers operate in a team setting and share a machine center with another person. Gluers are also responsible for bundling, labeling and stretch wrapping or boxing parts. |  |  |  |  |  |  |  |  |
|       | Gluer – Cutting: This position involves both a cutting and gluing operation. Operators must be able to 1) measure parts and also set wires on some cutting equipment, and 2) read part drawings. Operators work individually on their own equipment in their own work area.  |  |  |  |  |  |  |  |  |
|       | Driver / Warehouse / Production Floater: This position encompasses a broad role that includes all of the activities necessary to support our daily operations, including but not limited to 1) loading and unloading trailers, 2) material handling, 3) operating grinding and bagging equipment, 4) making local deliveries with our straight trucks, 5) if adequately trained, filling in for equipment operators or gluers when positions are open.   |  |  |  |  |  |  |  |  |
| Do yo | ou understand these requirements?   Yes   No   |  |  |  |  |  |  |  |  |
| Can y | you perform the requirements of this job with or without reasonable accommodation?   Yes   No  |  |  |  |  |  |  |  |  |
|       | rinterests - For the position you indicated as your highest interest please describe why you are interested in this position.  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |

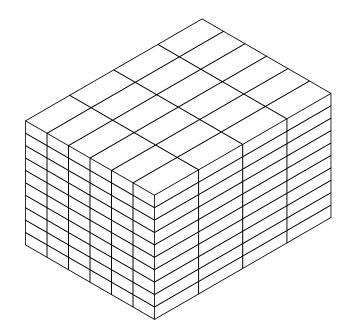
# Styrene Products, Inc. Application Questionnaire

| Please list any other skills, licen job or our organization. | ses or certificates that may be job | b-related or that you feel would be of value to the | iis |
|--|-------------------------------------|---|-----|
| job of our organization.                                     |                                     |   |     |
|  |                                     |   |     |
|  |                                     |   |     |
|  |                                     |   |     |
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|  |                                     |   |     |
|  |                                     |   |     |
|  |                                     |   |     |
|  |                                     |   |     |
|  |                                     |   |     |
| Complete only if interested in/                              |                                     | -114 dai-rada 11                                    |     |
| if the job requires you to drive                             | , do you nave the appropriate va    | alid driver's license? ☐ Yes ☐ No                   |     |
| DL#  | Type                                | State of Issue                                      |     |
|  | ng a vehicle with a manual trar     |   |     |
| Have you had any moving vio                                  | olations?                           |   |     |
| If "Yes" please describe (use                                | the back side if additional spa     | ice is needed)                                      |     |
|  |                                     |   |     |
|  |                                     |   |     |
|  |                                     |   |     |
|  |                                     |   |     |

# Styrene Products Measuring and Yield Test

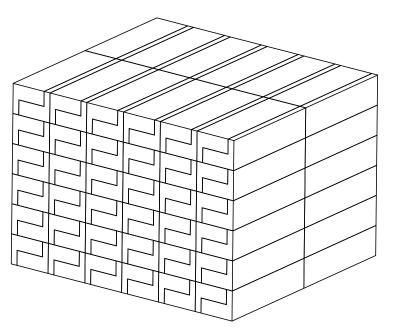
1. On this tape, please pick out the following dimensions and mark the matching letter on the tape:

A) 2 1/2 B) 3 7/16 C) 4 13/16 C) 4 13/16 D) 7 3/32 E) 4 19/32 J) 8 1/8 STANCEY STANCEY STANCEY 3 Le Gode 34 Control of the Control of the



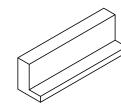
How many pieces per bundle? \_\_\_\_\_

Show your work.



How many pieces per bundle?\_\_\_\_\_

Show your work.



= 1 piece.