

REFERRED BY: _____

MAX PACKAGING COMPANY

APPLICATION FOR EMPLOYMENT

Max Packaging Company is an equal opportunity employer. Age, race, sex, religion, handicap or veteran status will not play any part in our consideration of you for employment, nor will it play any part in your employment when (if) hired. Max Packaging fully supports the Americans with Disabilities Act. We will make a reasonable accommodation to any impairment an applicant might have that would make it difficult for that applicant to apply for employment with us. Each applicant will be evaluated based on his/her ability, and no one asking for such an accommodation will be discriminated against.

Please answer every question. Please write "none" or "NA" in any space that does not apply to you.

A. BACKGROUND INFORMATION

DATE _____

1. NAME _____
LAST FIRST M.I.

2. SOCIAL SECURITY NUMBER _____

3. PRESENT ADDRESS:

NUMBER, APT, OR BOX STREET CITY STATE ZIP

TELEPHONE _____ MESSAGE # _____

4. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____

5. PREVIOUS ADDRESS: (IF LESS THAN 1 YEAR AT ABOVE ADDRESS)

NUMBER STREET CITY STATE ZIP

6. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? IF YES, PLEASE EXPLAIN:

7. HOW DID YOU HEAR ABOUT US?

B. WORK YOU ARE APPLYING FOR

- 1. WHAT JOB OR TYPE OF WORK ARE YOU LOOKING FOR? _____
- 2. WILL YOU BE WILLING TO WORK OVERTIME? _____
- 3. WHY ARE YOU INTERESTED IN WORKING WITH US?

C. MILITARY SERVICE

- 1. HAVE YOU BEEN IN THE MILITARY SERVICE INCLUDING ACTIVE DUTY, NATIONAL GUARD AND RESERVE? _____
- 2. PERIOD OF ACTIVE DUTY: FROM _____ UNTIL _____
- 3. HIGHEST RANK HELD? _____
- 4. LIST ALL TYPES OF TRAINING YOU RECEIVED IN THE MILITARY:

- 5. WHAT WAS YOUR PRIMARY MOS OR JOB? _____

D. PREVIOUS EMPLOYMENT

HAVE YOU WORKED AT Max Packaging Co. BEFORE: NO
 YES – DATES: FROM _____ TO _____

LIST ALL JOBS AND EMPLOYMENT YOU HAVE HAD. BEGIN WITH YOUR MOST RECENT JOB. USE REVERSE SIDE IF MORE SPACE IS NEEDED.
TELEPHONE NUMBERS ARE REQUIRED.

1. EMPLOYER _____ TELEPHONE _____
 CITY/STATE/ZIP _____
 DATES: FROM _____ TO _____ SUPERVISOR _____
 TYPE OF WORK _____ REASON YOU LEFT _____

2. EMPLOYER _____ TELEPHONE _____
 CITY/STATE/ZIP _____
 DATES: FROM _____ TO _____ SUPERVISOR _____
 TYPE OF WORK _____ REASON YOU LEFT _____

3. EMPLOYER _____ TELEPHONE _____
 CITY/STATE/ZIP _____
 DATES: FROM _____ TO _____ SUPERVISOR _____
 TYPE OF WORK _____ REASON YOU LEFT _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? _____
 LIST THOSE NOT TO CONTACT _____

E. TRAINING

1. HAVE YOU TAKEN OR ARE YOU NOW TAKING ANY TYPE OF TRAINING OR COURSES AT TRADE OR VOCATIONAL SCHOOL, BUSINESS SCHOOL, VOCATIONAL COURSES OR CORRESPONDENCE COURSES? _____
 2. NAME OF SCHOOL OR INSTITUTION WHERE YOU RECEIVED YOUR TRAINING _____
 3. TYPE OF TRAINING RECEIVED: _____
 4. LENGTH OF TIME YOU TOOK EACH COURSE OF TRAINING: _____
 5. DID YOU COMPLETE THE TRAINING OR COURSE? _____
 6. DESCRIBE THE SKILLS OR TYPE OF JOB YOU LEARNED IN EACH TRAINING OR COURSE: _____
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F. EDUCATIONAL BACKGROUND

NAME OF SCHOOL _____
ADDRESS _____
HIGHEST GRADE COMPLETED _____ DEGREE _____
COURSE OF STUDY _____

NAME OF SCHOOL _____
ADDRESS _____
HIGHEST GRADE COMPLETED _____ DEGREE _____
COURSE OF STUDY _____

G. PERSONAL REFERENCES

LIST THREE PERSONS THAT ARE OF NO RELATION TO YOU, THAT WE MAY CONTACT FOR REFERENCES.

1. NAME _____
ADDRESS _____
TELEPHONE _____
 2. NAME _____
ADDRESS _____
TELEPHONE _____
 3. NAME _____
ADDRESS _____
TELEPHONE _____
-
-

H. OTHER SKILLS AND ABILITIES

LIST ALL THE ABILITIES, SKILLS AND QUALIFICATIONS WHICH YOU HAVE THAT YOU BELIEVE MIGHT BE USEFUL IN EMPLOYMENT WITH US.

YOUR SIGNATURE BELOW SIGNIFIES ACCEPTANCE OF THE FOLLOWING:

The information set forth in this application is true and correct. I understand that any false or erroneous statements or information set forth in this application may be considered by the company as sufficient cause for rejection of this application or for dismissal from employment if employed.

This application for employment will be considered active for 30 days or until the position for which you are applying has been filled which ever comes first. At that time, this application will expire. If you wish to be considered for employment after the expiration of your application, you must complete a new application.

All employment offered by the Company, unless reflected in a written contract signed by an authorized Company official, is employment-at-will. This means either party may sever the employment relationship at any time, for any reason, with or without cause, whenever the severing party deems it to be in his/her/its best interest. Furthermore, the first six (6) months of any employment with Max Packaging Company is on strictly trial basis and the management of the Company may at any time, with or without cause, terminate my employment during this period.

I authorize the Company to make any investigation of myself or my previous employment (except for any I may have stated above as employers not to contact). In this connection, you are advised as follows:

In considering your application for employment, an investigative report may be made with regard to you, including information as to your character, general reputation, personal characteristics and mode of living, through personal interviews with your neighbors, friends, associates, or acquaintances or who may have knowledge concerning any such information. You are further advised that you have the right to a disclosure as to the nature and scope of this investigation and that you may obtain such with written request to the company.

I fully understand and agree that should I enter the employ of the company, I am not to, and will not at any time, communicate or reveal any of the business of the Company or any information, records or files of the company or the matters contained therein, to unauthorized personnel within the Company, not to anyone outside the Company. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.

I understand that if offered employment: (1) I may then be required to take a physical exam and answer a health questionnaire; I understand that misrepresentation as to preexisting physical or mental conditions may void my worker's compensation benefits. (2) If offered employment, I may be required to take a drug or alcohol test following an on-the-job-accident or when the Company has other good cause to require such a test, and I understand that if I test positive for drugs or refuse to be tested, I will forfeit my right to recover worker's compensation benefits that might otherwise be available to me, I may be discharged from my employment and I may be disqualified from receiving unemployment compensation benefits.

Signature _____

Date _____