

Today's Date: \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

*This Company is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation or handicap.*

<b>Personal Information</b>	Last Name, First Name, Middle		
	Street Address, City, State, Zip		
	Telephone Number	Alternate # where you may be contacted	Social Security Number
	<i>OFFICE USE ONLY</i>		
	Email		
	Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have a legal right to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	List relatives who are currently employed by Automated Packaging Systems, Inc.:		
	NAME, RELATIONSHIP, DEPT.	NAME, RELATIONSHIP, DEPT.	
	How did you learn about us?		
Newspaper Ad	<input type="checkbox"/>	(please specify):	
Other Publication	<input type="checkbox"/>	(please specify):	
Other	<input type="checkbox"/>	(please specify):	

Are you willing to travel? \_\_\_\_\_ Extent? \_\_\_\_\_ Relocate? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If Yes, give date: \_\_\_\_\_ Explain: \_\_\_\_\_

**Please Note:** A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.

**Employment Desired**

Position or type of work:

\_\_\_\_\_

Seeking:

Full Time

Temporary

1<sup>st</sup> Shift

Part Time; Specify days and hours per week:

Summer

2<sup>nd</sup> Shift

\_\_\_\_\_

3<sup>rd</sup> Shift

Are you available to work weekends?

Yes

No

**Education**

High School (Name & City)

\_\_\_\_\_

Graduated

Yes

No

Received GED

Yes

No

College or Other Schools Attended	Location (City/State)	Did You Graduate?	Diploma, Degree or Certificate	Course of Study

Other Training:

\_\_\_\_\_

**Special Skills**

Personal Computer

Typing \_\_\_\_\_ wpm

Word Processing

Transcription

CRT

Shorthand \_\_\_\_\_ wpm

Hardware Used:

Software Used:

Other Special Skills:

**Additional Information**

Please include any additional information that you think would be applicable, i.e. internships, memberships in professional organizations, additional relevant employment, and explanation of any gaps in employment. Exclude any information which would denote race, sex, age, marital status, national origin, religious or political affiliations.

*Please list your job history starting with your present or most recent employment.*

<b>Employment History</b>	From (Month/Year)	Name & Address of Employer: _____ _____ _____	Immediate Supervisor	
	To (Month/Year)		Name: _____	Title: _____
	Last Salary		Phone: _____	If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As Needed
Position Title: _____				
Describe your principal duties or responsibilities: _____ _____				
Reason for leaving: _____				
<b>Employment History</b>	From (Month/Year)	Name & Address of Employer: _____ _____ _____	Immediate Supervisor	
	To (Month/Year)		Name: _____	Title: _____
	Last Salary		Phone: _____	If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As Needed
Position Title: _____				
Describe your principal duties or responsibilities: _____ _____				
Reason for leaving: _____				
<b>Employment History</b>	From (Month/Year)	Name & Address of Employer: _____ _____ _____	Immediate Supervisor	
	To (Month/Year)		Name: _____	Title: _____
	Last Salary		Phone: _____	If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As Needed
Position Title: _____				
Describe your principal duties or responsibilities: _____ _____				
Reason for leaving: _____				

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

In completing this application form, I understand that Automated Packaging Systems, Inc. ("Automated Packaging") may conduct or have conducted an investigation of my background. By my electronic signature below, I authorize all persons, schools, companies, consumer reporting agencies, and other organizations to supply any and all information requested by Automated Packaging in association with such investigation including, but not limited to, information regarding my educational background, work history, personal character, and all other information, personal or otherwise. By my signature below, I hereby release and hold harmless all persons, companies, schools, agencies and other parties from all liability(ies) and damages whatsoever in association with any reference/background investigation performed by or for Automated Packaging.

I understand that any false statements or fact upon this application will be considered just cause for my dismissal from employment with Automated Packaging should I become an employee. I understand that the company may require me to supply appropriate supporting documentation concerning the information I have provided on this application.

I understand and agree that, if hired, my employment with Automated Packaging is for no definite period and may be terminated at any time for any reason without prior notice. Just as I may resign my employment at any time, for any reason, Automated Packaging will have full right and authority to terminate my employment within its sole discretion. I understand and agree that the terms and conditions of my employment, if hired, can only be varied from this "at-will" arrangement through written documentation from an official of Automated Packaging specifically authorized to make such contracts. I understand, agree and acknowledge that any reliance on any statement by any representative of the company contrary to this "at-will" arrangement is unreasonable and may not form any basis for my reliance thereon.

I also understand and agree that Automated Packaging has the right to modify, amend, or terminate policies, procedures, rules and benefit plans at its discretion and/or in a manner consistent with requirements imposed by law.

I acknowledge and agree that, should I receive an initial offer of employment, such offer is preliminary and contingent upon my completion of a medical examination which includes testing for the use and/or abuse of drugs and alcohol to confirm my ability to perform the essential functions of the position(s) for which I am being considered. I understand that my refusal to undergo such examination (including drug/alcohol testing) will preclude me from obtaining and continuing employment with Automated Packaging. I understand that my failure to test negative on the drug/alcohol test will cause my tentative offer of employment to be rescinded. Further, I hereby authorize and agree that all medical information obtained in associated with this pre-employment examination shall be released from the appropriate medical personnel to Automated Packaging and release and hold harmless all persons, companies and other entities conducting such examination from all liability(ies) and damages whatsoever in association with such examination.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months. I understand that, if I wish to be considered of employment beyond this time, I should contact the company to inquire as to whether applications are being accepted for positions at such time.

I understand and accept the conditions in this statement.

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DATE

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SIGNATURE OF APPLICANT