

**APPLICATION FOR EMPLOYMENT**

**ROOSEVELT PAPER COMPANY**

**AN EQUAL OPPORTUNITY EMPLOYER**

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, genetics, age, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. This application is considered valid for 180 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by filling out a new application and submitting it to the Human Resources Department. **PLEASE PRINT ALL REQUESTED INFORMATION. DO NOT USE "REFER TO RESUME."**

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking  Full-time  Part-time  Temporary  Summer employment? Shift  ANY or  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Last Name	First Name	Middle Name	Telephone Number
Present Street Address		City	State
			Zip Code

Do you have a driver's license? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, is your license valid? No \_\_\_\_\_ Yes \_\_\_\_\_

Driver's License #:(omit if sending application electronically\*) \_\_\_\_\_

Soc. Sec. #:(omit if sending application electronically\*) \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you 18 years of age or older? No \_\_\_\_\_ Yes \_\_\_\_\_ (If you are hired you may be required to submit proof of age)

Have you used any names or Social Security Numbers other than the ones listed above? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list:

\*You may disclose your Social Security Number and Driver's License Number if and when we get to the reference/drug testing stage.

Emergency Contact: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Have you ever applied here before? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when? \_\_\_\_\_

Were you ever employed here? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when? \_\_\_\_\_

**Job Referral Source:** Newspaper/Internet Ad \_\_\_\_\_ Agency \_\_\_\_\_ Walk-in \_\_\_\_\_ RPC Employee \_\_\_\_\_ Other \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE/CERTIFICATE
HIGH SCHOOL/GED					
COLLEGE OR UNIVERSITY					
TRADE SCHOOL					
OTHER					

Have you had any other experiences, qualifications, honors, achievements, internships, in addition to those indicated above, which relate to the job for which you are applying? (Include any foreign language knowledge.) If so, please describe and note years of experience:

Computer Hardware/Software: \_\_\_\_\_

Office Machines: \_\_\_\_\_

Production Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for ALL periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

<b>Dates employed Month/Year</b>	<b>Name and addresses of employers</b>	<b>Positions Held/Major Duties</b>	<b>Final pay level Reason for Leaving</b>
From:			Pay level:
To:			Reason for leaving
	Name of Supervisor	Telephone	
From:			Pay level:
To:			Reason for leaving
	Name of Supervisor	Telephone	
From:			Pay level:
To:			Reason for leaving
	Name of Supervisor	Telephone	
From:			Pay level:
To:			Reason for leaving
	Name of Supervisor	Telephone	

Are you presently employed? ----- Yes  No   
 If yes, may we contact your employer? ----- Yes  No   
 Have you ever been fired from a job or asked to resign? ----- Yes  No   
 If yes, please explain \_\_\_\_\_  
 Please explain any gaps in your employment history \_\_\_\_\_

**Give three professional references or former supervisors other than those listed above (Not Relatives)**

NAME	COMPANY/RELATIONSHIP	ADDRESS	TELEPHONE

Do you know anyone who works at Roosevelt Paper Company? If yes, please list \_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.  
 I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.  
 I do hereby authorize and request any individual, corporation or otherwise entity, including but not limited to city, county, state or federal agency, department or bureau, any prior employer, and entity having any information or files relating to me to furnish any information in their files under my name.  
 I agree to hold any source of information blameless for any error in reporting this information and to hold Roosevelt Paper Company and the investigating agency they choose to perform the investigation blameless from any damages on account of obtaining or using said information. A photocopy of this authorization may be used.  
 I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.  
 I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.  
 I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE:  
 I have read, understand, and by my signature consent to these statements.

You may be asked to take a drug test as part of your pre-employment screening. Successful completion of this test is required before you begin work.

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