

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 1st 2nd 3rd

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.

Dates employed Month/Year	Name and addresses of employers	Positions Held/Major Duties	Reason for Leaving
From:			Reason for leaving
To:			
	Name of Supervisor	Telephone	
From:			Reason for leaving
To:			
	Name of Supervisor	Telephone	
From:			Reason for leaving
To:			
	Name of Supervisor	Telephone	
From:			Reason for leaving
To:			
	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; _____