



Founded in 1961

# Paper Enterprises, Inc. Employment Application

## APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				Cellular						
Date Available							Desired Salary	\$		
Position applying for										
How did you learn of this opening?				What hours do you prefer?	_____		P/T	<input type="checkbox"/>	F/T	<input type="checkbox"/>
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Are you over 18 years old?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Have you ever been convicted of a felony? If yes, explain	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

## EDUCATION

High School				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree Received	
College				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree Received	
Other				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree Received	

## REFERENCES *PLEASE LIST THREE PROFESSIONAL REFERENCES.*

Full Name				Relationship						
Company				Telephone	( )					
Address										
Full Name				Relationship						
Company				Telephone	( )					
Address										
Full Name				Relationship						
Company				Telephone	( )					
Address										

**PREVIOUS EMPLOYMENT**

Company				Phone	(    )	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone	(    )	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone	(    )	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**MILITARY SERVICE**

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

**EMERGENCY CONTACT INFORMATION**

Name		Relationship		Telephone	
Name		Relationship		Telephone	
Name		Relationship		Telephone	
Name		Relationship		Telephone	

## **Applicant's Certification and Agreement**

I certify that I have given true, accurate and complete information, and further understand that any false statement and/or omission in this application or other supporting documents will be sufficient grounds for rejection of the application or termination of employment without notice. I authorize the company to make any and all necessary and appropriate investigations to verify information in this application, including a check of criminal records, educational credentials and work experience. I understand that references are obtained in confidence, and I waive my rights to view any reference received by Paper Enterprises. I understand that this application is only for the position indicated in the heading above and that the company will not consider this application active for any other vacancy. I further understand that in no event will this application be considered an active application after 30 days from the date of my signature.

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Paper Enterprises, Inc.* is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.