

**PRIMARY PACKAGING INCORPORATED
APPLICATION FOR EMPLOYMENT**

We are committed to a policy of Equal Employment Opportunity and will not discriminate on the basis of race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

PERSONAL BACKGROUND

Name _____
Last
First
Middle

Present Address _____
Street
City
State
Zip Code

Phone No. (____) _____ Referred by _____

Position Applying for _____ Date you can start ____/____/____

Full Time Part Time Salary Desired _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain:

Have you ever applied to this Company before? _____ Where? _____ When? _____

Are you willing to work overtime? Yes No

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Yes No
(Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.)

Have you **ever** been convicted of, pled guilty to, or pled no contest to a felony? *(Note: This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated.) A felony record will not necessarily be a bar to employment.* Yes No

If yes, please list the nature of each offense, the date of conviction or plea, the sentence served, and your rehabilitation status.

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines).

WORK EXPERIENCE <i>(Please list below your last four employers, starting with your present or last place of employment.)</i> You may include any verifiable work performed on a volunteer basis, internship or military service.					
Date Mo./Yr.	Name, Address and Phone # of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

Have you ever been involuntarily terminated from any employment? Yes No
If so, by what employer? When? For what reason? _____

REFERENCES

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name & Position	Company	Telephone Number
1. _____		
2. _____		
3. _____		

APPLICANT CERTIFICATION – PLEASE READ CAREFULLY

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the Company is on an employment at will basis. This means that my employment with the Company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the Company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the Company’s president and me.

I further understand that I am responsible for being familiar with the Company’s policies, rules, and regulations, and I understand that the Company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the Company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms. I release all parties from any liability arising out of this provision and the use of such information.

Applicant’s Signature _____ Date ____/____/____