



DATE OF APPLICATION _____

APPLICATION FOR EMPLOYMENT

Associated Bag Company is an Equal Opportunity Employer. We consider applicants for all positions without regard to age, race, creed, religion, color, handicap, marital status, sex, sexual orientation, national origin, ancestry, arrest record, conviction record or membership in the National Guard, state defense force or any other reserve component of the military forces of the United States as required by applicable state and/or federal law.

PERSONAL INFORMATION		
NAME: _____ <small>(First, Middle Initial, Last)</small>	SOCIAL SECURITY NUMBER: _____	
STREET: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
PHONE - HOME: _____	BUSINESS: _____	
POSITION DESIRED: _____	DATE AVAILABLE: _____	

Have you ever filed an application with us before? Yes No
If Yes, give Month and Year _____

Have you ever been employed with us before? Yes No
If Yes, give Month and Year _____

We work on a full-time schedule. Is that a problem? Yes No
If it is a problem, what hours can you work? _____

We occasionally work more than eight (8) hours per day and on holidays.
Is that a problem? Yes No
Associated Bag Company will attempt to reasonably accommodate an applicant's religious needs, as required by law.

If employed and you are under 18, can you furnish a work permit? Yes No

Can you perform the essential functions of the job you have applied for? Yes No
If No, please indicate which function(s) and give us any suggestions you have as to how we might accommodate you

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED (circle answer)	DID YOU GRADUATE (circle answer)	DEGREE OR DIPLOMA
GRAMMAR			5 6 7 8	YES	
				NO	
HIGH			9 10 11 12	YES	
				NO	
COLLEGE			1 2 3 4	YES	
				NO	
OTHER			1 2 3 4	YES	
				NO	

GENERAL INFORMATION

List special skills, talents or experience you feel will benefit you in the job for which you have applied _____

List all convictions for misdemeanors, felonies, or other offenses, except minor traffic violations (if none, write none) _____

List all pending misdemeanor, felony or other criminal charges (if none, write none) _____

No applicant will be denied a position because of a conviction or a pending criminal charge which the employer determines is not substantially related to the circumstances of the job being sought.

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Period of Active Duty (month/year): From _____ To _____

Branch of Service _____

Describe your duties and any special training _____

EMPLOYMENT EXPERIENCE

List all full- and part-time jobs you have had in the past 10 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, handicap or other protected status.

START HERE WITH YOUR PRESENT OR MOST RECENT JOB:

1. START DATE (month/year): _____ END DATE (month/year): _____
EMPLOYER: _____ TELEPHONE NUMBER: _____
ADDRESS: _____
POSITION HELD: _____ SUPERVISOR: _____
PAY START: _____ PAY END: _____ FULL- OR PART-TIME? _____
REASON FOR LEAVING: _____

2. START DATE (month/year): _____ END DATE (month/year): _____
EMPLOYER: _____ TELEPHONE NUMBER: _____
ADDRESS: _____
POSITION HELD: _____ SUPERVISOR: _____
PAY START: _____ PAY END: _____ FULL- OR PART-TIME? _____
REASON FOR LEAVING: _____

3. START DATE (month/year): _____ END DATE (month/year): _____
EMPLOYER: _____ TELEPHONE NUMBER: _____
ADDRESS: _____
POSITION HELD: _____ SUPERVISOR: _____
PAY START: _____ PAY END: _____ FULL- OR PART-TIME? _____
REASON FOR LEAVING: _____

4. START DATE (month/year): _____ END DATE (month/year): _____
EMPLOYER: _____ TELEPHONE NUMBER: _____
ADDRESS: _____
POSITION HELD: _____ SUPERVISOR: _____
PAY START: _____ PAY END: _____ FULL- OR PART-TIME? _____
REASON FOR LEAVING: _____

REFERENCES

List the names of persons not related to you willing to provide professional or character references for you. Give name, address and telephone number. Do not include employees of Associated Bag Company.

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

"I certify that answers given herein are true and complete to the best of my knowledge."

I understand that I may be required to submit to a post-employment offer physical examination and/or a drug screen, and that employment is conditioned upon obtaining satisfactory results. I consent to this post-employment offer physical examination and such further examinations as may be required, which may include drug screens.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that, if hired, any employment relationship with this Company is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I also understand that acceptance of an offer of employment does not create a contractual obligation to continue to employ me in the future and that no Company official, management or otherwise, is authorized to make any oral assurance or promise of continued employment, and that any such pledge or agreement must be in writing, signed by the President of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

DO NOT WRITE IN THE SPACE BELOW

INTERVIEWER'S NAME AND DATE

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

TO BE COMPLETED BY HUMAN RESOURCES

EMPLOYED: () YES () NO

JOB TITLE _____ DEPARTMENT _____

RATE OF PAY _____ DATE OF HIRE _____

APPROVED: HUMAN RESOURCES _____

APPROVED: EXECUTIVE MANAGEMENT _____



REFERENCE CHECK AUTHORIZATION

As an applicant applying for a position with Associated Bag Company, I hereby authorize former employers, references, and educational institutions to release any information they have about me for use in determining my qualifications for this position.

I further release from any and all liability all persons who provide such information from any damage caused by releasing this information except for the malicious and willful disclosure of derogatory facts concerning myself made for the express purpose of preventing me from obtaining employment which the person(s) disclosing such facts knows are untrue.

You may release or verify the following information:

- () Any Information Requested

You may release or verify only information checked below:

- () Dates of Employment
() Positions Held
() Duties and Responsibilities
() Attendance Record
() Reasons for Leaving
() Eligibility for Rehire
() Other Information Relating to Job Performance

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Educational Institutions:

- ( ) Years of Attendance
( ) Degree Obtained
( ) Transcripts

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List any previous names you have worked under: _____

May your present employer or references associated with your present employer be contacted? _____

Comments: _____

Applicant's Signature

Please print name: _____

