



Jackson Paper

SUSTAINABLE BUSINESS FOR THE FUTURE

Application for Employment

An Equal Opportunity Employer

(Valid for only 90 days)

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Please print in blue or black ink.

APPLICANT INFORMATION												
Last Name					First			M.I.		Date		
Street Address								Apartment/Unit #				
City					State			Zip				
Mailing Address (if different)								Apartment/Unit #				
City					State			Zip				
Phone					E-mail Address							
Social Security No.					Are you 18 years of age or older?			YES	NO			
Have you ever been convicted of a felony? A conviction will not necessarily disqualify you from employment. Please DO NOT list any convictions that have been expunged.			YES	NO	If yes, give dates and explain.							

EDUCATION											
High School					Address						
From		To		Did you graduate?	YES	NO	Degree				
College					Address						
From		To		Did you graduate?	YES	NO	Degree				
Other					Address						
From		To		Did you graduate?	YES	NO	Degree				
Other Skills: List any other job related skills or qualifications that support your application.											
Honors Received:											

CHARACTER REFERENCES

List three persons not related to you, whom you have known for at least one year.

Full Name		Relationship	
Occupation		Phone	()
Address			
Full Name		Relationship	
Occupation		Phone	()
Address			
Full Name		Relationship	
Occupation		Phone	()
Address			

EMPLOYMENT EXPERIENCE

List ALL FORMER JOBS (list most recent job first). Account for all time periods including unemployment, self-employment, and military service. Attach separate paper(s) if necessary.

Employer		Phone	()
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Work Performed			
From	To	Reason for Leaving	
May we contact your employer for a reference?	YES	NO	If no, explain:
Employer		Phone	()
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Work Performed			
From	To	Reason for Leaving	
May we contact your employer for a reference?	YES	NO	If no, explain:
Employer		Phone	()
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Work Performed			
From	To	Reason for Leaving	
May we contact your employer for a reference?	YES	NO	If no, explain:

EMPLOYMENT EXPERIENCE continued

Employer				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Work Performed					
From		To		Reason for Leaving	
May we contact your employer for a reference?	YES	NO		If no, explain:	
Employer				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Work Performed					
From		To		Reason for Leaving	
May we contact your employer for a reference?	YES	NO		If no, explain:	
Employer				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Work Performed					
From		To		Reason for Leaving	
May we contact your employer for a reference?	YES	NO		If no, explain:	

MISCELLANEOUS

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?	YES	NO	If yes, identify names and relevant dates:		
Have you ever been dismissed or forced to resign from any employment?	YES	NO	If yes, please explain:		
Are there any hours, shifts, or days you will not work?	YES	NO	If yes, please explain:		
Do you have transportation to work?	YES	NO	Will you work overtime if asked?	YES	NO
Are you now employed?	YES	NO	Are you on a layoff?	YES	NO
			Are you subject to recall?	YES	NO
Have you filed an application here before?	YES	NO	If yes, give date(s):		
Do you have any friends or relatives who work here?	YES	NO	If yes, give name and relationship below:		
Name			Name		
Relationship			Relationship		

List any other information or remarks that you wish to have considered as part of your application:

MILITARY SERVICE			
Are you a veteran of the U.S. Military Service?	YES	NO	Branch of Service
If yes, beginning and ending date of active duty		From	To
Date of Discharge from Military Service			

NOTICE TO APPLICANTS: This employer complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and other, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omission of facts, or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any deliberately misleading misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. Of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer or Chief Operating Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer requires applicants for employment to undergo urinalysis screening for drug use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random and "for-cause" urinalysis screening for drug and alcohol use.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature	Date
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This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, sexual orientation, gender identity, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications and our business needs.