



# Application for Employment

## GENERAL INFORMATION PLEASE PRINT

Last Name		First Name		Middle	Are you 18 yrs. of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Application
Street Address			City	State	Zip	Position/Type of Work Desired		
Home Telephone ( )		Work Telephone ( )		Cell Phone ( )		e-Mail Address (if any)		
Salary Expected	Date available to start work		<input type="checkbox"/> Full Time <input type="checkbox"/> Contract	<input type="checkbox"/> Part Time <input type="checkbox"/> Internship				

Have you ever plead "guilty" or "no contest" to, or been convicted of a felony?  Yes  No  
 If yes, give details & dates of each. A conviction record will not necessarily be a bar to employment. Factors such as age at time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

## EDUCATION

You must complete all applicable items, even if you have already provided a resume

### Highest Education Level

<input type="checkbox"/> Less Than HS Graduate	<input type="checkbox"/> Technical School	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Doctorate (Prof.)
<input type="checkbox"/> HS Graduate or Equivalent	<input type="checkbox"/> 2-Year College Degree	<input type="checkbox"/> Masters Level Degree	<input type="checkbox"/> Doctorate (Acad.)
<input type="checkbox"/> Some College	<input type="checkbox"/> Bachelors Level Degree	<input type="checkbox"/> Juris Doctorate	<input type="checkbox"/> Post-Doctorate

Name of High School		No. of years completed _____		
City, State	Graduated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Name of College, University or Vocational School (most recent)		No. of years completed _____		
City, State	Graduated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Major	Date			

Name of College, University or Vocational School)		No. of years completed _____		
City, State	Graduated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Major	Date			

Name of College, University or Vocational School		No. of years completed _____		
City, State	Graduated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Major	Date			

## SPECIAL SKILLS

Computer Skills:	Keyboarding Skills:
<input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Access <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Outlook <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No WPM:

Other qualifications or training including business licenses (all applicants):

Are you able to provide proof of your right to be employed in the United States?  Yes  No

Have you ever applied for employment at Mercury Paper, Inc.?  Yes  No

Have you ever worked for Mercury Paper, Inc.?  
 If yes, what Department? \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Do you have any friends or relatives working at Mercury Paper, Inc.? If yes, please list name(s): \_\_\_\_\_  Yes  No

Are you willing to work overtime?  Yes  No

Are you willing to travel?  Yes  No

Do you have adequate transportation that will enable you to get to work during your scheduled hours?  Yes  No

## EMPLOYMENT HISTORY

EMPLOYMENT HISTORY (ACCOUNT FOR ALL PERIODS OF MILITARY SERVICE AND UNEMPLOYMENT)  
 LIST ALL JOBS DURING THE PAST TEN YEARS - BEGIN WITH THE MOST RECENT  
 (ALL INFORMATION MAY BE SUBJECT TO VERIFICATION)

ALL INFORMATION MUST BE COMPLETED EVEN IF ACCOMPANIED BY A RESUME. Use additional paper if necessary.

EMPLOYED BY			DATES		BASE PAY		JOB TITLES & DUTIES	
			(MO)	(YR)				
Company			From		Start			
Street Address			To		End			
City	State/Zip	Additional Compensation	Reason for termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:					
Phone Number			Last Supervisor (Name and Title):					
Company			From		Start			
Street Address			To		End			
City	State/Zip	Additional Compensation	Reason for termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:					
Phone Number			Last Supervisor (Name and Title):					
Company			From		Start			
Street Address			To		End			
City	State/Zip	Additional Compensation	Reason for termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:					
Phone Number			Last Supervisor (Name and Title):					
Company			From		Start			
Street Address			To		End			
City	State/Zip	Additional Compensation	Reason for termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:					
Phone Number			Last Supervisor (Name and Title):					
Company			From		Start			
Street Address			To		End			
City	State/Zip	Additional Compensation	Reason for termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:					
Phone Number			Last Supervisor (Name and Title):					
Company			From		Start			
Street Address			To		End			
City	State/Zip	Additional Compensation	Reason for termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:					
Phone Number			Last Supervisor (Name and Title):					

**REFERENCES**  
**LIST THREE REFERENCES (Do not include Relatives)**

Full Name	Complete Address	Telephone	Occupation	Years Known

**THIS APPLICATION WILL BE CONSIDERED ACTIVE A FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. PLEASE READ AND SIGN THE FOLLOWING:**

**APPLICANT'S STATEMENT & AGREEMENT:**

In the event of my employment to a position at this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a test for the presence of alcohol and/or narcotics in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to an alcohol and drug test to the extent permitted by law. I consent to the disclosure of the results of any such alcohol and drug tests to the Company. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that the Company may contact my previous employers, and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employer, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filed in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be terminated. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete a Form I-9 in this regard.

If hired, I agree as follows: My employment is at-will. This means that my employment is for no definite period and may be terminated by me or the Company at any time, with or without notice, and for any or no reason. I also agree that the Company may alter the terms and conditions of my employment, including title, responsibilities, and compensation, with or without cause. I further understand and agree that this at-will agreement supersedes and replaces any prior or contemporaneous agreement, whether expressed or implied, oral or written, to the contrary. This agreement is the entire agreement between the Company and me regarding my at-will employment. No supervisor or representative of the Company, other than the CEO or Managing Director of the Company has any authority to make any agreements contrary to the foregoing. This at-will agreement can only be modified in writing and only if that writing is signed by me and the CEO or Managing Director of the Company.

If you have any questions regarding this statement, please ask a Company representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date