



Pap-R Products Co. • Martinsville, IL



Employment Application

*** All areas MUST be filled to be considered**

(mark any question as "N.A." if it doesn't apply)

Applicant Information

Full Name: _____ Driver's Lic. #: _____
Last First M.I.

Current Address: _____ Apartment/Unit # _____
City _____ State _____ ZIP Code _____

Permanent Address: _____ Apartment/Unit # _____
City _____ State _____ ZIP Code _____

Phone: _____ Email _____

Secondary Phone: _____ Referred by: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Date you can start: _____

Are you authorized to work in the U.S.? YES NO
Are you currently employed? YES NO If so, may we contact your present employer? YES NO
Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Name and Location: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Name and Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Name and Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please give below the names of three persons not related to you, whom you have known at least one year:

Full Name: _____ Relationship: _____
Company: _____ Phone or email: _____
Full Name: _____ Relationship: _____
Company: _____ Phone or email: _____
Full Name: _____ Relationship: _____
Company: _____ Phone or email: _____

Previous Employment

Please list below your last three employers, starting with the most recent:

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Position: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Position: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Position: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

General Information

Subject of Special Study/Research Work: _____

Special Training: _____

Special Skills: _____

U.S. Military or Naval Service: _____ Rank: _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ Date: _____