



APPLICATION FOR EMPLOYMENT

APPLICANT DATA

DATE _____

Last Name	First Name	Middle Name	Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
Street Address	City	State	Zip	Telephone:
Position applied for				
Minimum salary requirements \$	When could you report to work?		What is your shift preference? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	
What prompted you to file this application for employment? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> CPG Website <input type="checkbox"/> Other Website (Name) _____ <input type="checkbox"/> NEWSPAPER (Name) _____ <input type="checkbox"/> AGENCY (Name) _____ <input type="checkbox"/> CPG Employee (Name) _____ <input type="checkbox"/> Relatives in our company (Name, Relationship) _____				

Have you served in the U.S. Military? ☐ Yes ☐ No

If yes, dates of service from _____ to _____ Service Branch _____

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Can you prove that legal right after employment? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain _____

ACADEMIC TRAINING

HIGH SCHOOL Name of School			City/State		Grade Completed			
COLLEGE/UNIVERSITY Institution Name and Location	Attended		Major Subjects	Overall Grade Point A=	Units		Degree	Date Received or Expected
					Req'd for Degree	Completed		
				A=				
OTHER EDUCATION (Trade, Technical or Correspondence)				A=				
Special Skills or certificates received _____								

WORK REFERENCES (List persons familiar with your work whom we may contact)

Name (Last, First)	Nature of Relationship	Area Code/Telephone No.

EMPLOYMENT HISTORY

LIST LAST THREE JOBS AND ACTIVITIES INCLUDING PART TIME EMPLOYMENT WHILE IN SCHOOL, U.S. MILITARY SERVICE, AND SELF EMPLOYMENT. BEGIN WITH THE MOST RECENT.

Employer (Present or most recent)	Street Address, City, State, Zip		
Supervisor (Name, Title and phone number)	Your Job Title		
Description of your Duties	From (Mo./Yr.)	From (Mo./Yr.)	
	Salary Start \$ per	Salary Finish \$ per	
	Reason for leaving:		

May we contact you present Employer for references?☐ YES☐ NO

May we contact you at your present place of employment?☐ YES☐ NO

If yes, please enter your

Area Code/Telephone Number

Extension

Employer (Present or most recent)	Street Address, City, State, Zip		
Supervisor (Name, Title and phone number)	Your Job Title		
Description of your Duties	From (Mo./Yr.)	From (Mo./Yr.)	
	Salary Start \$ per	Salary Finish \$ per	
	Reason for leaving:		

Employer (Present or most recent)	Street Address, City, State, Zip		
Supervisor (Name, Title and phone number)	Your Job Title		
Description of your Duties	From (Mo./Yr.)	From (Mo./Yr.)	
	Salary Start \$ per	Salary Finish \$ per	
	Reason for leaving:		

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct, without material reservation of any kind whatsoever and hereby authorize Concept Packaging Group to verify the same. If employment is obtained under this application I will comply with all orders, rules and regulations of the company. I agree to submit to physical examination. I also authorize my former employers and educational institutions to give any information they have regarding me. I hereby release them and their organizations from all liability for any damage whatsoever for issuing same. If upon investigation, anything contained in this application or any other forms related to my employment is found to be untrue, I understand I will be subject to dismissal at any time during the period of my employment.

I understand that this application is not a contract and cannot create a contract. Further, I understand that if accepted by the Company, my employment is voluntarily entered into and I am free to resign at any time for any reason. Similarly, the Company is free to terminate the employment relationship at any time with or without cause. I understand that if I become employed by Concept Packaging Group, our employment relationship is and will always be "at will", and that, except by virtue of an express written agreement signed by the President of Concept Packaging Group, no one has the authority to alter this "at will" relationship.

APPLICANT - PLEASE SIGN AND DATE HERE

Signature	Date
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