

CORRUGATED REPLACEMENTS, INC.

Employment Application



Notice to Applicants and Employees

A background check and a screen test for alcohol and illegal drug use will be required before hiring and during your employment here.

PERSONAL

Last Name				First			M.I.		Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Home Phone				Business Phone						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, month and year?							
Apart from religious observance, are you available for full –time work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, what hours can you? work?							
Are you legally eligible for employment in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	When will you be available to work?							
Other special training or skills (languages, machine operation, etc.)										

EDUCATION

Graduate				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma			
Business/Trade/Technical				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma			
High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma			

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer/

Company		Phone	
Address		Name of Supervisor	
Job Title and Description of Work	Starting Weekly Pay \$	Leaving Weekly Pay \$	
	Reason for Leaving		

Company		Phone	
Address		Supervisor	
Job Title and Description of Work	Starting Weekly Pay \$	Leaving Weekly Pay \$	
	Reason for Leaving		

Company		Phone	
Address		Supervisor	
Job Title and Description of Work	Starting Weekly Pay \$	Leaving Weekly Pay \$	
	Reason for Leaving		

Company		Phone	
Address		Supervisor	
Job Title and Description of Work	Starting Weekly Pay \$	Leaving Weekly Pay \$	
	Reason for Leaving		

We may contact the employers listed Above unless you indicate those you do not want us to contact.	DO NOT CONTACT		
	Employer Number(s)	Reason	

MILITARY SERVICE

Branch		From		To	

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

TEST RESULTS

Test Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS

Interviewer Name and Comments

Corrugated Replacements, Inc.
P.O. 2809
Blairsville, GA 30514

706.781.6650

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin)

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date		Signature	
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