

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Last Name	First Name	Middle Initial	Your Social Security Number :				
Street Address	City/State	Zip Code	Phone Number				
Are you a citizen of the U.S.? Are you legally eligible to work in the U.S.?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.					
Position applying for:	Wage Requested:	Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/>					
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending? (Convictions are evaluated on a case-by-case basis for each position and are not automatically disqualifying.)		If yes, when?	If yes, where?				
Date you can begin work?	Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by State or Federal law.					
Name of high school attended:	City & State	Graduate?	GED?				
Name of college or technical school:	City & State	Graduate?	Degree?	Major:			
Are you presently enrolled in school?	If yes, give name and address of school.						
List any interests or accomplishments that you feel would benefit you in the position you are applying for:							
<b>- Your Availability For Work -</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work: <input style="width: 50px;" type="text"/>		Do you have any special requests or needs for a work schedule?					
<b>- Give Three References That Are Not Former Employers -</b>							
Name	How do you know them?			Phone Number			

## Your Employment History

List names of employers with present or last employer listed first.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: <span style="float: right;">To:</span>
City, State, Zip Code	Hourly pay or salary: Starting pay: <span style="float: right;">Ending pay:</span>
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: <span style="float: right;">To:</span>
City, State, Zip Code	Hourly pay or salary: Starting pay: <span style="float: right;">Ending pay:</span>
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: <span style="float: right;">To:</span>
City, State, Zip Code	Hourly pay or salary: Starting pay: <span style="float: right;">Ending pay:</span>
Supervisor: Telephone:	Reason for Leaving:

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

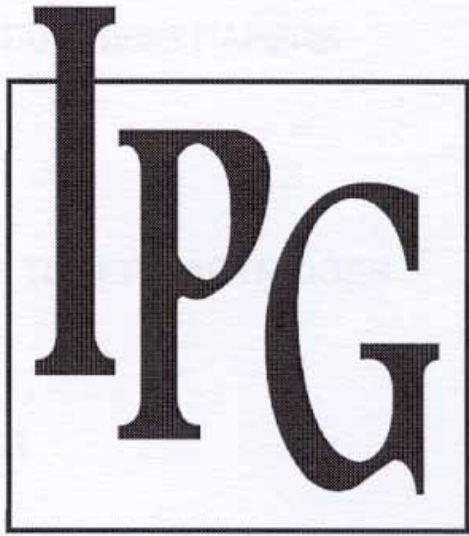
I certify that all answers given provided in this employment application are true and complete to the best of my knowledge and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with \_\_\_\_\_, any employment relationship with the \_\_\_\_\_ is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:	Date:
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## Fax Cover Sheet

**The Independent Paper Group, L.L.C**  
**807 Hampden Ave**  
**Saint Paul, MN 55114**

**Phone: 651-644-6800 Fax: 651-644-6801**

To: Human Resources

From:

Fax:

Pages:

Phone:

Date:

Re: Employment

CC:

- Urgent     For Review     Please Comment     Please Reply     Please Recycle