



Prime Package & Label Co., LLC

Application For Employment

Notice:

We consider applicants for all positions without regard to race, sex, religion, color, national ancestry or origin, veteran's status, age, pregnancy, handicap or disability which (with reasonable accommodations, if requested) does not interfere with the performance of essential job functions, or any other legally protected status. If you have a disability which may require accommodation for you to participate in our application process (including filling out this form, interviewing or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is needed prior to attempting to complete such procedure or requirement.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did you Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	Salary Expected?

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

Have you ever filed an application with us before? No Yes, Specify date _____

Have you ever been employed with us before? No Yes, Specify date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

On what date would you be available for work? _____

Check available work shifts. Full Time Part Time All Shifts Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Name any relatives working for us. _____

Name any friends working for us. _____

EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe course of study in high school and above.																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received.																	
List any license, certifications or additional information you feel may be helpful to us in considering your application.																	

References

List name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

.....

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

If you have been explained the specific job functions of the job for which you are applying or you feel they are so obvious that you know them, please answer the following (otherwise leave this question blank): Can you perform all necessary tasks of such job(s) with or without a reasonable accommodation? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, gender, religion, color, national ancestry or origin, disability, veterans or other protected status.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

(If you need additional space, please continue on a separate sheet of paper.)

Attendance

Our attendance control policies aim to reduce employee absenteeism and tardiness to less than 4% (less than one day per month) and require employees to call in promptly when they will be unexpectedly absent or tardy. Will you normally be able to meet this target and call-in requirement? _____ Yes _____ No

My attendance record at my last place of employment was:

_____ Excellent _____ Good _____ Satisfactory _____ Poor _____ Unsatisfactory

Although it is not required, you may voluntarily explain your answer, if you wish.

Special Skills and Qualifications

Summarize any special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given on this application or in interview(s) may result in refusal to hire or, if employed, may result in discharge at any time after its discovery. If employed, I agree to abide by all rules and regulations of Prime Package & Label (hereafter referred to as PPL) in effect from time to time.

I agree to have reference and credit investigations with the knowledge that this is to become part of my employment record. I hereby authorize my former employers and references to furnish any information concerning me and release them from any and all liabilities or damages of any nature because of furnishing such information. They may rely on a copy of this release.

I authorize the release of my education transcripts to PPL for purposes of employment review.

I hereby acknowledge that any employment relationship with PPL is of an "at will" nature, which means that I may resign at any time, and PPL may discharge me at any time with or without cause or if applicable, in accordance with the terms of the collective bargaining agreement. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged as applying to me in writing by the President of PPL.

I understand that I have an obligation to inform PPL of any changes such as phone number, address, material status, etc.

I agree to take a complete physical examination after an offer of employment has been extended and prior to hire, and at anytime during my employment at the option of PPL at no personal expense. I understand that the examining physician or facility may disclose to PPL or its representatives the results of such examination subject to its use on a need-to-know basis, and that the medical records will be maintained separately from employment records. I understand that my continued employment may be conditioned on the findings of this examination.

I agree to undergo a comprehensive drug test prior to hire and drug/alcohol tests in accordance with published PPL policy and rules at the expense of PPL. I agree to sign the required forms authorizing such testing and permitting the examining laboratory to disclose to PPL and its representatives the results of such tests to be included in my medical records. I understand my initial and continued employment is conditioned on my consent to such testing as well as the findings/results of the tests.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should again inquire as to whether or not applications are being accepted at that time.

Signature of Applicant*

Date

*Are there any other names that your credit, education transcripts or employment records would be listed under?

Yes

No

If Yes, please list: _____

FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hr Rate/Salary _____ Department _____

By _____ Date _____
Name & Title

NOTES _____
