

Tilsner Carton Co, Inc. Requires Drug Testing for New Hires

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____
SOCIAL SECURITY NUMBER: _____
Name _____
Last First Middle

Address _____
Street City State Zip

Phone No. _____ **Are you 18 years or older? Yes No (circle)** _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No (circle) _____

EMPLOYMENT DESIRED

Position _____ **Date you can start** _____ **Salary Desired** _____

Are you employed now? If so may we inquire of your present employer? _____

Ever applied to this company before? Where? When? _____

Referred by: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR OTHER				

GENERAL

Subjects of special study or research work? _____

Special Skills _____

Activities (civic, athletic, etc.) _____

*Exclude organizations, the names of which indicates race, creed, sex, age, marital status, color or nation of origin of its members

US Military or Naval Service _____ **Rank** _____ **Present membership in National Guard or Reserves** _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

EMPLOYMENT DATES	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES AND PHONE NUMBERS OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME OF REFERENCE	PHONE NUMBER	BUSINESS OR PERSONAL REFERENCE	YEARS KNOWN

IN CASE OF AN EMERGENCY NOTIFY _____
 NAME PHONE NUMBER

"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____ **SIGNATURE:** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

HIRED: YES NO _____ POSITION _____ DEPARTMENT _____

SALARY: _____ START DATE: _____