

Corporate Office 10335 N. Pt. Washington Rd Mequon, WI 53092 Phone: (262) 262-1200 Fax: (262) 404-1221 <u>Jefferson Plant</u> 707 N. Parkway Street Jefferson, WI 53549 Phone: (920) 674-3220 Fax: (920) 674-4005 Pittsburg Plant 1901 E. 27th Street Terrace Pittsburg, KS 66762 Phone: (620) 231-9804 Fax: (620) 231-9808

Employment Application

We are an Equal Opportunity Employer

Please complete entire a	application and sign whe	re indicated.			L	Date:		
Applicant Information								
Name (first, middle, last)								
Address (street, city, state, zip code)						Telephone -		
Email Address:						Telephone -		
Are there other names under which you have worked or attended school? Yes No If yes, please list for reference checking purposes.								
Are you legally authorized to work in the U.S.? Yes No (If hired, you will be required to provide proof of work authorization.)								
Are you at least 18 years old? Yes No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.								
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No If Yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)								
Do you have any pending criminal charges against you?								
Have you ever applied at this company before? Have you ever worked at this company before?								
☐ Yes ☐ No If yes, when: ☐ Yes ☐ No If yes, when: ☐ Part-Time or Full-Time Salary Preference Shift Preference								
Position Applying For	Part-11	Desired Salary Pre		ary Preference	e Siliit Freierence			
					☐ 1 st	t 2 nd 3 rd		
When can you start?								
How were you referred to the company?								
Education								
School	Name & Location (city, state)	Number of Year Attended	S	Major subjec	cts	Diploma or Degree Rcd.		
High						☐ Yes ☐ No		
College						☐ Yes ☐ No		
Graduate						☐ Yes ☐ No		
Other (specify)						Yes No		

Training / Skills / Experience						
List any training, skills, or experience relevant to the position applying for:						
Employment History (start wit	th most recent; use separate	e sheet if necessary)				
Name of Employer:		Telephone () -				
Address:						
Job Title:		Employment Dates (month and year)				
Name of Immediate Supervisor:		From:	To:			
Description of Duties:						
Salary (start):	Salary (end):	Reason for Leaving:				
If currently employed, may we contact as a reference?						
Name of Employer:		Telephone () -				
Address:						
Job Title:		Employment Dates (month and year)				
Name of Immediate Supervisor:		From:	To:			
Description of Duties:						
Salary (start):	Salary (end):	Reason for Leaving:				
Name of Employer:		Telephone () -				
Address:						
Job Title:		Employment Dates (month and year)				
Name of Immediate Supervisor:		From:	To:			
Description of Duties:						
Salary (start):	Salary (end):	Reason for Leaving:				
Name of Employer:		Telephone () -				
Address:						
Job Title:		Employment Dates (month and year)				
Name of Immediate Supervisor:		From:	To:			
Description of Duties:						

Salary (start):	Salary (end):	Reason for	Leaving:		
Employment References					
List individuals familiar with your job qualifications (no relatives or personal friends).					
Name:			Telephone () -		
			Email Address:		
Address:			I		
Relationship:		How long known?			
Name:			Telephone () -		
			Email Address:		
Address:			I		
Relationship:			How long known?		
Name:			Telephone () -		
			Email Address:		
Address:					
Relationship:			How long known?		
	Please Read Carefully	Before Signing Th	nis Form		
	presentations or omissions of		st of my knowledge and belief. I t in denial of employment or be cause for		
employers or any indivinformation I have prov	iduals familiar with my emplorided and/or for the purpose of gly fully release and hold har	syment background to obtaining any info	n and contact any or all of my former for the purpose of verifying any rmation about my employment. I r organization that provides information		
	receiving a job offer, a physicent, you will be notified.)	ical examination and	d drug screening may be required. (Note:		
not be considered a co basis and that my emp option or the company understand that no cor	ontract of employment. I under loyment may be terminated values specifically provide mpany employee or represen conditions of employment other	erstand that employn with or without cause ad otherwise in a write tative has the autho	cognize this application is not and should nent at the company is on an at-will e, and without notice, at any time, at my tten employment contract. I further rity to enter into a contract regarding official of the company, and then only		
Signed by		Date			

Thank you for your interest in Kendall Packaging!