



EMPLOYMENT APPLICATION

PAP Technologies, Inc. is an equal opportunity employer. We do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION:

Social Security #: _____ - ____ - _____

Name: _____
(last) (first) (middle)

Address: _____
(street/box/apt.) (city) (state) (zip code)

Home Phone: _____ Other Phone: _____

E-Mail Address: _____

EMPLOYMENT DESIRED:

Are you 18 years of age or older? Yes No Salary/Wage Desired: \$ _____

Have you ever applied before? Yes No If yes, when and for what position:

Do you know anyone working here? Yes No If yes, who and how do you know them:

What are you applying for:
(indicated with an "X")

<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Shift:	<input type="checkbox"/>	1 st (6:00 AM to 2:00 PM)
<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd (2:00 PM to 10:00 PM)
<input type="checkbox"/>	3 rd (10:00 PM to 6:00 AM)				
<input type="checkbox"/>	Other:				

Are you available to work weekends? Yes No

Are you available to work overtime? Yes No

Position applying for: _____

If hired, what date could you start work? _____

If hired, do you have reliable transportation to/from work? Yes No

If hired, are you able to present evidence of your United States' citizenship or proof of your legal right to work in the United States? Yes No

Please be advised, if hired, as part of our employment process, you will be required to undergo and pass regular background checks. This requirement is due to the secure nature of our business and the terms of our business contracts. Individuals with felony convictions may not be eligible for employment.

EDUCATION:

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree/Certificate Earned
High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Vocational School		1 2 3 4	Y N	

Military (list branch, rank, total years of service, skills/duties, related details):

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Yes No If yes, please explain. _____

For office/clerical work: Typing Speed: _____ WPM Dictation Speed: _____ WPM

EMPLOYMENT HISTORY: Below, please describe present and past employment positions. Please account for all periods of unemployment. Complete even if you have attached a resume.

Employer Name, Address & Phone #	Dates of Employment	Position & Supervisor	Salary/Wage Upon Leaving	Reason for Leaving
Current Employer May we contact? Yes No				
	From:	Position:	\$	
	To:	Supervisor:	Per Hour Or Week	
Past Employers				
	From:	Position:	\$	
	To:	Supervisor:	Per Hour Or Week	
	From:	Position:	\$	
	To:	Supervisor:	Per Hour Or Week	
	From:	Position:	\$	
	To:	Supervisor:	Per Hour Or Week	

PERSONAL REFERENCES: List below three(3) persons NOT RELATED TO YOU AND NOT A FORMER EMPLOYER OR MANAGER, who have known you for at least one(1) year.

Name	Address	Phone Number (s)	Years Acquainted

AUTHORIZATION: Please read and initial each paragraph, then sign and date below.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) or material fact on this application or on any document used to secure employment can be grounds for rejection of my application or, if I am employed by this Company, terms for my immediate termination from the Company. _____ (initials)

I understand that my employment is conditioned on a background check. I permit the Company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my personal experiences with them without giving me prior notice of such disclosure. In addition, I release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____ (initials)

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing. _____ (initials)

If I am offered employment, I understand that I may be requested to submit to a medical examination and drug/alcohol test before starting work and agree to comply. If employed, I also agree to submit to a medical examination or drug/alcohol test at any time deemed appropriate by the Company and as permitted by the law. I consent to such examination and authorize the examining doctor to disclose to the Company the results of the examination which results shall remain confidential and segregated to the personnel file. I understand that my employment or continued employment to the extent permitted by law is contingent upon satisfactory medical examination and drug/alcohol testing and if I am hired a condition of my employment will be that I abide by the Company's drug and alcohol policy. _____ (initials)

I understand that this form does not indicate there is a position open and does not obligate the Company in any way. If hired, I agree to adhere to Company work rules, policies, and procedures. The Company retains the right to revise its work rules, policies, procedures, and benefits in whole or in part at any time. _____ (initials)

APPLICANT'S SIGNATURE (in ink) _____ Date _____
 (Note: Applications will remain on file for a period of 6 months. You have the right to reapply at any time.)

