



E-PAK Machinery, Inc. policy requires all applicants to submit to and successfully pass a drug screening prior to reporting to work.

Application for Employment:

We consider applicants for all positions without regard to race, color, religion creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.			
Position Applied for: Rate of Pay Expected: Per:		Date of Application:	
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Telephone Number (s)		Social Security Number 	
Email address			
How many years have you lived in this city Length of time at this address List anyone you know who works for us		How did you hear about us	

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

Have you ever filed an application with E-PAK before? Yes No
If yes, Date: _____

Have you ever been employed with E-PAK before? Yes No
If yes, 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

On what date would you be available for work? _____

Are you available for: Full-time Part-time Shift-work Temporary

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

Can you travel if the job requires it? 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 _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other or Certificates				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

Describe any job related training in the United States military

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, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		Dates of Employment		Worked Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor			
	Reason for Leaving				
2	Employer		Dates of Employment		Worked Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor			
	Reason for Leaving				
3	Employer		Dates of Employment		Worked Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor			
	Reason for Leaving				
4	Employer		Dates of Employment		Worked Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor			
	Reason for Leaving				

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

Additional Information

List professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

	CRT		Fax	Production/Mobile Machinery	Other (list)
	PC		Lotus 1,2,3		
	Calculator		Typewriter		
	Microsoft Word		WordPerfect		
	Microsoft Excel		PBX System		
	Microsoft Access		Specialty Software		

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform the tasks required for this position? Yes No

Professional References (may not be a relative)

1	Name	Telephone Number
	Address	City, State & Zip Code

2	Name	Telephone Number
	Address	City, State & Zip Code

3	Name	Telephone Number
	Address	City, State & Zip Code

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. 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 in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange for Interview Yes No
Remarks _____

Interview Date: _____ Interviewer _____
Employed Yes No
Date of Employment _____ Job Title _____
Hourly Rate/Salary _____ Department _____

By: _____
Name and Title Date

For Personnel Department Use Only

Position(s) Applied for is Open Yes No

Position(s) Considered for _____

Date: _____

Notes: