



RICHMOND CORRUGATED BOX COMPANY

POST OFFICE BOX 7715, RICHMOND, VIRGINIA 23231
 5301 CORRUGATED ROAD, SANDSTON, VIRGINIA 23150
 TELEPHONE: (804) 222-1300
 FAX: (804) 222-4897

APPLICATION FOR EMPLOYMENT

PERSONAL DATA PLEASE PRINT	SOCIAL SECURITY NUMBER		AREA CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MI
STREET ADDRESS			APT/BLDG. NO.	
CITY	STATE	ZIP CODE	REFERRAL SOURCE	
			<input type="checkbox"/> AGENCY <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER	
EMERGENCY CONTACT				
NAME		ADDRESS		
RELATIONSHIP		TELEPHONE NUMBER		
ARE YOU 18 YEARS OF AGE OR OLDER ?	HAVE YOU EVER WORKED FOR THIS COMPANY ?			
<input type="checkbox"/> NO <input type="checkbox"/> YES	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE LOCATION, DATE LEFT, AND A REASON FOR LEAVING			
(WORK PERMIT MAY BE REQUIRED.)				
HOW MANY DAYS OF SCHOOL AND/OR WORK HAVE YOU MISSED IN THE PAST 12 MONTHS ?	HAVE YOU EVER BEEN CONVICTED OF A CRIME OR RECIEVED "DEFERRED ADJUDICATION" FOR ANY OFFENSE ? IF YES, WHEN AND UNDER WHAT CIRCUMSTANCES. (CONVICTION IS NOT AN ABSOLUTE BAN TO EMPLOYMENT.)			<input type="checkbox"/> NO <input type="checkbox"/> YES

EDUCATION	EDUCATION LEVEL OR DEGREE ATTAINED	NUMBER OF YEARS ATTENDED SCHOOL	MAJOR	GRADE POINT AVERAGE	NAME OF SCHOOL	DID YOU GRADUATE ?
HIGH SCHOOL			NOT APPLICABLE			
COLLEGE						
OTHER						

WORK DESIRED
TYPE OF WORK OR POSITION DESIRED
TYPE OF EMPLOYMENT DESIRED
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ON-CALL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY
SALARY DESIRED
PER
TOTAL NUMBER OF HOURS PER WEEK DESIRED
ARE YOU WILLING TO WORK SHIFTS, INCLUDING NIGHTS, WEEKENDS AND HOLIDAYS IF REQUIRED? NO
<input type="checkbox"/> NO <input type="checkbox"/> YES
LIST ANY HOURS AND DAYS YOU ARE NOT WILLING TO WORK
CAN YOU PROVE LEGAL RIGHT TO WORK IN THE U.S. ?
<input type="checkbox"/> NO <input type="checkbox"/> YES

EMPLOYEE DATA

List all employment for the last 10 years starting with the most recent employer. Include military experience if applicable. Also account for any periods of unemployment. If you have a resume, we would appreciate receiving it along with this completed application.

FROM MO/YR	FROM MO/YR	EMPLOYER'S NAME AND ADDRESS	IMMEDIATE SUPERVISOR AND TELEPHONE NO.	MAY WE CONTACT THEM ?	YOUR POSITION AND DUTIES	SALARY (HR/WK/MO)	REASON FOR LEAVING

EXPERIENCE: HAVE YOU EVER...

CORRUGATED BOARD
 NO YES

OPERATED A: MACHINE
 NO YES

DESCRIBE EQUIPMENT USED

OFFICE EXPERIENCE

OPERATED A FRONT OFFICE SYSTEM
 NO YES
 EQUIPMENT USED

WORD PROCESSING
 NO YES

SOFTWARE _____
 WPM _____

10 KEY ADDING MACHINE
 NO YES
 KEYSTROKE PH
 IF YES TOUCH
 SIGHT

VA. STATE VEHICLE LICENES
 CDL CLASS
 -A -B -REGULAR
 OTHERS

ALL APPLICANTS: PLEASE READ BEFORE SIGNING

I certify that the information on this application and/or attached resume is correct and complete to the best of my knowledge and authorize Richmond Corrugated Box Company to verify any data. I understand and agree that any misrepresentations or omissions of fact whenever discovered or however discovered may result in my immediate dismissal. I understand that if I am hired by the Company, my employment will be "at-will", meaning that my employment is not for any specific duration and may be terminated by me or the Company, at any time, for any reason, with or without advance notice. I also understand that neither this employment and my at-will status can be changed only by a written agreement specifically denominated as a "Written Contract Of Employment For A Specific Duration", signed by me and the Company President. In signing this application, I agree to submit to background checks (credit, criminal, and references), and drug and alcohol testing and understand that these may be a condition of employment (except where legally prohibited). I understand, also, that I am required to abide by all rules and regulations of the Company.

SIGNATURE OF APPLICANT _____ DATE _____

FOR COMPANY USE ONLY

REFERENCE CONTACTED	DATE	TELEPHONE NO.	SATISFACTORY	REMARKS
			<input type="checkbox"/> NO <input type="checkbox"/> YES	
			<input type="checkbox"/> NO <input type="checkbox"/> YES	
			<input type="checkbox"/> NO <input type="checkbox"/> YES	
			<input type="checkbox"/> NO <input type="checkbox"/> YES	