



Post Office Box 2106  
 Wilmington, NC 28402  
 Phone: 1(910)392-5510  
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## APPLICATION FOR EMPLOYMENT

<b>PERSONAL DATA</b> PLEASE PRINT	SOCIAL SECURITY NUMBER	AREA CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME	
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 ?  <input type="checkbox"/> NO <input type="checkbox"/> YES  (WORK PERMIT MAY BE REQUIRED.)	HAVE YOU EVER WORKED FOR THIS COMPANY ? NO    YES IF YES, GIVE LOCATION, DATE LEFT, AND A REASON FOR LEAVING		
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 RECEIVED "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		

<b>WORK DESIRED</b>
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

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						

**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

<b>EXPERIENCE: HAVE YOU EVER...</b>			
CORRUGATED BOARD <input type="checkbox"/> NO <input type="checkbox"/> YES	OPERATED A: MACHINE <input type="checkbox"/> NO <input type="checkbox"/> YES	DESCRIBE EQUIPMENT USED	
<b>OFFICE EXPERIENCE</b>			
OPERATED A FRONT OFFICE SYSTEM <input type="checkbox"/> NO <input type="checkbox"/> YES EQUIPMENT USED	WORD PROCESSING <input type="checkbox"/> NO <input type="checkbox"/> YES SOFTWARE _____ WPM _____	10 KEY ADDING MACHINE <input type="checkbox"/> NO <input type="checkbox"/> YES KEYSTROKE PH IF YES <input type="checkbox"/> TOUCH <input type="checkbox"/> SIGHT	VA. STATE VEHICLE LICENES CDL CLASS -A -B -REGULAR <input type="checkbox"/> 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 Wilmington 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	