

# Application For Employment



# Western States Envelope & Label

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PLEASE PRINT**

Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Initial
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Address	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Telephone Number(s) <i>Home</i>	<i>Cell</i>	Email Address
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Are you at least 18 years old?  Yes  No  
 If not, can you provide required proof of your eligibility to work?  Yes  No

Have you ever been employed with us before?  Yes  No

If Yes, when? \_\_\_\_\_

Are you legally authorized to work in the U.S.?  Yes  No  
*(If hired, you will be required to provide proof of work authorization)*

On what date would you be available for work? \_\_\_\_\_

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

Are you physically or otherwise unable to perform the duties of the job  Yes  No  
 for which you are applying to?

Do you have any pending criminal charges or have you ever been  Yes  No  
 convicted of a crime?

*If yes, please describe the nature of the charges/conviction.*

Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference (1st, 2nd, 3rd, Weekend)

# Education

School	Name and Location (City, State)	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High School				
College				
Graduate				
Other (specify)				

# Training Courses

List any relevant training programs completed.

Course / Seminar	Organization Sponsoring	Content	Date(s) Attended

Have you ever had any job-related training in the United States military?

*If yes, please describe*

\_\_\_\_\_

# Special Skills and Qualifications

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment Experience

**Start with most recent; use separate 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)	
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Job Title		Employment Dates (month and year)	
Name of Immediate Supervisor		From	To
Description of Duties			
Salary—Start	Salary—End	Reason for Leaving	

# References

## List individuals familiar with your job qualifications (no relatives or personal friends)

Name	Phone Number
Relationship	How long known?
Name	Phone Number
Relationship	How long known?
Name	Phone Number
Relationship	How long known?

## Past or Present Friends or Relatives That Work Here

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship

### Please Read Carefully Before Signing This Form

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I understand all misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that upon receiving a job offer, a physical and drug screening may be required.

Regardless of whether of not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant

Date

**Signature Not Required Until Time of Hire**

*Thank you for your interest in our company.  
Please note that our facilities, including grounds are tobacco free.*