

# State Paper & Metal Company, Inc.

## Application for Employment

Please answer all questions. Please type or print clearly in black or blue ink. Attach a copy of resume (if available). All applicants will receive consideration without discrimination based on race, creed, color, sex, sexual orientation, age, religion, national origin, handicap, veteran status or any condition prescribed by state or local law.

Position(s) Desired:	Date of Application:
Employment Status Preferred: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Number of hours per week (1-40):
Pay Expected:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually
Have you previously been employed with SPM, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of employment, if yes:
How did you learn about us? <input type="checkbox"/> Employee Referral <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Advertisement <input type="checkbox"/> Other	
Date available to begin employment:	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have relatives working or volunteering at SPM <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide information below.
Relative's Name	<input type="checkbox"/> Employed <input type="checkbox"/> Volunteer    Relationship
Relative's Name	<input type="checkbox"/> Employed <input type="checkbox"/> Volunteer    Relationship

### PERSONAL INFORMATION

Last Name	First	Middle
Social Security Number		
Address		
City	State	Zip
Telephone Number (    )	Alternative Telephone Number (    )	
Driver's License Number and Expiration Date (include class, e.g., CDL, and any endorsements):		
Do you require any necessary accommodation to participate in the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Complete all relevant sections. Indicating *See Resume* is **not** acceptable.

<b>EDUCATION</b>		NAME _____			SSN _____			
School	Degree Received	Dates Attended		Graduated Yes or No	Major	GPA	School Name	State or Country
		From MM/YY	To MM/YY					
HIGH								
COLLEGE								
COLLEGE								
BUS/TECH								
OTHER								

<b>TRAINING COURSES/SEMINARS</b>		List only those courses completed and not included in education above.	
TRAINING TITLE		COMPLETION DATE MM/YY	
1.			
2.			
3.			
4.			

<b>VOLUNTEER EXPERIENCE OR CIVIC ACTIVITIES</b>			
ORGANIZATION	ROLE IN ORGANIZATION	Start Date MM/YY	End Date MM/YY
1.			
2.			
3.			
4.			

<b>PROFESSIONAL MEMBERSHIPS</b>	
NAME OF ORGANIZATION	MEMBERSHIP DATE MM/YY
1.	
2.	
3.	
4.	

Complete all relevant sections. Indicating *See Resume* is **not** acceptable

**EMPLOYMENT HISTORY**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Start with present or most recent employer. List all paid employment, full-time and part-time, including military service. PLEASE PRINT CLEARLY.

Employer and Department		Telephone ( )	
City		State	
Supervisor's Name		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of Hours
Final Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
End Title	Reason for leaving position		
Duties			

Employer and Department		Telephone ( )	
City		State	
Supervisor's Name		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of Hours
Final Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
End Title	Reason for leaving position		
Duties			

Employer and Department		Telephone ( )	
City		State	
Supervisor's Name		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of Hours
Final Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
End Title	Reason for leaving position		
Duties			

**EMPLOYMENT HISTORY  
CONTINUED**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Employer and Department		Telephone (    )	
City		State	
Supervisor's Name		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of Hours
Final Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
End Title	Reason for leaving position		
Duties			

**AUTHORIZATION AND UNDERSTANDING**

I understand that State Paper and Metal, Inc. follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President, or Vice President of this organization. I understand this application is not an employment agreement.

**I understand that if I am offered employment, I will be required to take a pre-hire exam, drug urinalysis and/or alcohol testing.**

I understand that State Paper & Metal Company, Inc. (SPM, Inc.) may investigate my work and personal history and verify all data given on this Application for Employment, on related papers, and in interviews. I authorize all current and former employers to release to SPM Inc. my complete personnel record including but not limited to, salary history, performance evaluations, disciplinary reports, letters of reprimand, attendance records, and if required, any DOT drug and alcohol tests. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and SPM Inc. from liability for damages in providing this information.

I authorize SPM, Inc. to make investigative background inquiries in connection with my possible employment with this organization. I understand that these background inquiries will include, but will not be limited to, consumer, criminal, driving, and other reports, and will include information regarding my character, work habits, performance, and experience, including reasons for termination of past employment. I understand further that SPM Inc. may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, and other experiences, as well as claims involving me in the files of insurance companies.

I understand and acknowledge that a misrepresentation, omission or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**

I certify that the answers on this document are true to the best of my knowledge. I realize that all the information furnished by me is important and that State Paper & Metal will rely on such information in engaging me and in continuing my employment. I also realize that this information may be verified by SPM Inc. and that any representation of facts may constitute cause for dismissal.

Signature or Applicant \_\_\_\_\_ Date \_\_\_\_\_