



APPLICATION FOR EMPLOYMENT
BUCKEYE CORRUGATED, INC.
Division:

Date: \_\_\_\_\_

INSTRUCTIONS:

- 1. Print in ink.
2. Answer each question fully and accurately.
3. Do not include information on application form regarding race, religion, color, national origin, marital status, gender, age, citizenship, genetic information, disability, military or veteran status, or other characteristic protected by applicable law.
4. Read certification and authorization carefully, then sign and date form.

PERSONAL

Date of application: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_
First MI Last

Address: \_\_\_\_\_
\_\_\_\_\_

Telephone: \_\_\_\_\_(home/cell)
\_\_\_\_\_ (work, if we can contact you there)

Email: \_\_\_\_\_

If you have ever worked under another name, please state what name(s) and when: \_\_\_\_\_

If you are under 18 years of age, do you have a work permit? [ ] Yes [ ] No

Are you employed now? [ ] Yes [ ] No

How did you learn of this job opening? \_\_\_\_\_

If employed, on what date would you be available for work? \_\_\_\_\_

Are you willing to work any shift? [ ] Yes [ ] No

Are there any days of the week when you would not be available to work? Please specify. \_\_\_\_\_

Have you filed an application here before? [ ] Yes [ ] No If yes, give date: \_\_\_\_\_

Are you on layoff and subject to recall? [ ] Yes [ ] No

Do you have, or have you applied for, the legal right to work in the United States?
[ ] Yes [ ] No

Have you ever been convicted of a crime other than a minor traffic violation? [ ] Yes [ ] No (Conviction will not automatically disqualify an applicant for employment. All circumstances, including the nature of the crime, time elapsed, and nature of the job, will be considered in evaluating the applicant's suitability for employment.)
If yes, please explain: \_\_\_\_\_

## EDUCATION

EDUCATION	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	COURSE OF STUDY
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS & ADDITIONAL					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

## EXPERIENCE

May we contact your present employer?  Yes  No

**Job Title** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_

**Duties** \_\_\_\_\_

Telephone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Title \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/wk \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

If "No," please explain: \_\_\_\_\_

**Job Title** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_

**Duties** \_\_\_\_\_

Telephone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Title \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/wk \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

If "No," please explain: \_\_\_\_\_

**Job Title** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Title \_\_\_\_\_

**Duties** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Number of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_ Part-time \_\_ Hours/wk \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

If "No," please explain: \_\_\_\_\_

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops and special achievements or specialized skills: \_\_\_\_\_

## REFERENCES

To assist us in evaluating your qualifications, give the names and contact information of three business or professional people, not friends or relatives, familiar with your work record and performance.

<u>Name:</u>	<u>Address:</u>	<u>Telephone:</u>	<u>Email:</u>	<u>Relationship and Length of Time Known:</u>

## MISCELLANEOUS

Are you willing to accept employment that requires you to travel?  Yes  No

If yes,  During the day only,  Occasionally overnight,  Frequently overnight

Are you willing to work overtime?  Yes  No

State names of relatives and friends working for us: \_\_\_\_\_

## STATEMENT OF COMPANY POLICY

Buckeye Corrugated, Inc. is committed to providing equal employment opportunity to all employees and applicants regardless of a person's race, religion, color, national origin, gender, age, military or veteran status, citizenship, genetic information, disability, or other class protected by applicable law.

## CERTIFICATION AND AUTHORIZATION

Please read the following paragraphs carefully.

By signing below, I certify that I have read, understand and agree to each of the following statements.

All of the information I have supplied on this application is true, accurate and complete to the best of my knowledge and I have not knowingly withheld any information that, if known to the Company, would affect my application unfavorably.

If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

If offered a position, I agree to submit to a post-offer, pre-employment physical examination and testing for illegal drugs, including medical marijuana, prior to beginning work with the Company and understand that a confirmed positive test will form the basis for rescission of any job offer. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of my employment with the Company, I agree to abide by all the Company's rules, policies, and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, which is not an at-will agreement. As a general rule, Buckeye Corrugated, Inc. does not use employment agreements; however, in the event one is required, only the President of Buckeye Corrugated, Inc. has the authority to enter into an employment agreement with me for any specified period of time, and such must be in writing.

In the event of personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, including through the use of any third party credit reporting agency, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

**Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

Revised 3.12.20