

Application for Employment

Taylor Packaging Corporation
925 Jeffco Executive Drive
Imperial, MO 63052



We are an equal opportunity employer dedicated to a Policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, veteran status, citizenship, ancestry, genetic information or any other legally protected status.

Full Name _____ Date _____
Address _____
Street City State ZIP
Phone _____ E-mail Address _____

Position Applying for _____
Date you can start _____ Pay Desired _____
Have you ever applied to or worked for Taylor Packaging before? _____ When? _____
Do you know anyone employed at TPC? _____ Who? _____
Were you referred by anyone? _____ Who? _____
Are you currently employed? Yes _____ No _____
If yes, may we contact your current employer? Yes _____ No _____
Military Service? _____ Years & Rank _____
Have you ever been convicted of, plead guilty or no contest to a crime (other than minor traffic violation)?
Yes _____ No _____ If yes, please explain: _____

(Note: A "YES" response will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to employment.)

Are you over 18 years of age? Yes _____ No _____
Are you legally eligible to work in the US? Yes _____ No _____

EMPLOYMENT HISTORY (Name & Address of Employer)

Name _____ Address/City _____
Supervisor _____ Phone _____ May we contact? **Y N**
Month/Year From: _____ To: _____ Position _____ Salary _____
Reason for Leaving _____

Name _____ Address/City _____
Supervisor _____ Phone _____ May we contact? **Y N**
Month/Year From: _____ To: _____ Position _____ Salary _____
Reason for Leaving _____

Name _____ Address/City _____
Supervisor _____ Phone _____ May we contact? **Y N**
Month/Year From: _____ To: _____ Position _____ Salary _____
Reason for Leaving _____

EDUCATION (Name & Location of School)

High School _____

Number of Years Attended _____ Type of Course / Degree _____

College _____

Number of Years Attended _____ Type of Course / Degree _____

Trade / Business School _____

Number of Years Attended _____ Type of Course / Degree _____

List Licenses or Certificates you hold: _____

List any special skills or job- related qualifications you have: _____

REFERENCES (List the names of three persons not related to you whom you have known at least one year)

Name _____ Phone _____ Years Acquainted _____

Address _____ Business _____

Relationship to Applicant: _____

Name _____ Phone _____ Years Acquainted _____

Address _____ Business _____

Relationship to Applicant: _____

Name _____ Phone _____ Years Acquainted _____

Address _____ Business _____

Relationship to Applicant: _____

I agree that all the statements on this application are accurate and understand that any false information, omissions, or misrepresentations may result in the rejection of this application or my discharge. I authorize investigation of all statements contained in this application and authorize any person or organization to provide such information. Further, I understand and agree that my employment is at will, meaning that it is for no definite period and, regardless of the date of payment of my wages and salary, may be terminated at any time and without any previous notice and for any reason. I understand that all offers of employment are contingent upon satisfactory completion of a background investigation, reference check, and post-offer physical examination. I further understand that I will not be hired if I fail to pass the above requirements. I understand that upon employment I must provide proof that I am authorized to work in the United States.

Finally, I agree to a drug screening test. I authorize the release of the results of this examination and testing to agents of the company, and release the company and its agents from any liability or claim arising out of the test. I understand that the presence of one or more of those drugs or of an adulterated or diluted sample, as reported by the applicable laboratory will cause the company to withdraw its offer of employment. I also understand that refusal to submit to the drug-screening test will cause the company to automatically withdraw its offer of employment.

Signature _____

Date _____