



**NORTHWEST
PAPER BOX**
MANUFACTURERS INC.

4275 NW Pacific Rim Blvd.
Camas, Washington 98607
(503) 240-2800
www.nwpaperbox.com

Application For Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last

First

Middle

Present Address

Permanent Address (if different than above)

Telephone

Email

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

2. How were you referred to Northwest Paper Box? _____

II. Education History

School Name / Location	Years Completed	Degree / Diploma
Elem. / Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

1.	_____ Company Name (Current or Most Recent Employer)	_____ Position Held
	_____ Address	Dates Employed: _____ From To
	_____ Manager / Supervisor	_____ Telephone
	_____ Reason For Leaving	
2.	_____ Company Name (Current or Most Recent Employer)	_____ Position Held
	_____ Address	Dates Employed: _____ From To
	_____ Manager / Supervisor	_____ Telephone
	_____ Reason For Leaving	
3.	_____ Company Name (Current or Most Recent Employer)	_____ Position Held
	_____ Address	Dates Employed: _____ From To
	_____ Manager / Supervisor	_____ Telephone
	_____ Reason For Leaving	

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____ (Employer's Name)	_____ Reason
_____ (Employer's Name)	_____ Reason

IV. References *Please do not include relatives or former employers.*

1.	<hr/> Name	<hr/> Years Known
	<hr/> Address	<hr/> Telephone
	<hr/> Occupation	
2.	<hr/> Name	<hr/> Years Known
	<hr/> Address	<hr/> Telephone
	<hr/> Occupation	
3.	<hr/> Name	<hr/> Years Known
	<hr/> Address	<hr/> Telephone
	<hr/> Occupation	

V. Work Availability

- | | | |
|--|------------------------------|-----------------------------|
| 1. If your application receives favorable consideration, when will you be available to begin work? _____ | | |
| 2. Do you have any objection to working overtime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can you work overtime without prior notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Can you work on Saturday? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Can you work on Sunday? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Can you travel if required by this position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you 18 years of age or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary / hourly rate would you require?

\$_____ per _____

VII. At Will Employment Statement / Certification

I understand that employment with Northwest Paper Box Mfrs. Inc. is "at will" in that it can be terminated with or without cause, and with or without notice, at any time, at the option of either Northwest Paper Box Mfrs. Inc. or the employee, except as otherwise provided by law. No manager or representative of Northwest Paper Box Mfrs. Inc., other than the President of Northwest Paper Box Mfrs. Inc., has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and any promises to the contrary may only be relied upon by you if they are in writing and signed by the President of Northwest Paper Box Mfrs. Inc.

I certify that the information provided is true and complete. I understand that any false statements or misrepresentations included herein may result in the rejection of this application or termination of employment if employed.

Applicant's Signature

Date