



**NORTHWEST
PAPER BOX**
 MANUFACTURERS INC.™
 INTEGRITY • SERVICE • QUALITY

5617 North Basin Avenue
 Portland, Oregon 97217-3901
 (503) 240-2800
 Fax (503) 285-4447

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 _____

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. Do you have any relatives who are presently (or have formerly been) employed by Northwest Paper Box?

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

	Occupation	
2.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	
3.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	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? Yes No
3. Can you work overtime without prior notice? Yes No
4. Can you work on Saturday? Yes No
5. Can you work on Sunday? Yes No
6. Can you travel if required by this position? Yes No
7. Are you 18 years of age or older? Yes No

VI. Salary / Hourly Rate Requirements

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

\$_____ per _____

Background Research Release

Authorization and General Release

The undersigned applicant in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Northwest Paper Box Mfrs., Inc., or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Signature

Date

Over ➡

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