

Employment Application Disclaimer and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date

Applicant Waiver

(All job applicants must sign and submit with application form)

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

I understand that no representative of the company has any authority to enter into any

agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Applicant

Date

Company Representative

Date

PR Chemical & Paper Supply

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied for: _____ Date of Review: _____

How were you referred to us: _____

Applicant Data:

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____

Email: _____

Date Available to Start: _____

Social Security #: _____ Salary Requirement: _____

Are you vaccinated or have a valid medical/religious exemption from receiving a COVID-19 vaccine? Yes: ____ No: ____

If no, please explain: _____

Have you ever worked for this company? Yes: ____ No: ____

If yes, when? _____

Are you a citizen of the United States? Yes: ____ No: ____

If not, are you legally allowed to work in the United States? Yes: ____ No: ____

Type of employment desired:

Full-Time: ____ Part-Time: ____ Temporary: ____ Seasonal: _____

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: ____ No: ____

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

Summarize Your Special Skills or Qualifications:

Previous Employment (begin with most recent position):

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____