



# APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Initial	Date
Street Address			Cell Phone:
City	State	Zip	Email:
Position Desired: _____		Date You Can Begin Work? _____	
Salary / Wage Desired: _____			
Schedule Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Shift Desired: _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you been convicted of any felonies in the past 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain the nature of the crime(s), the date(s) and place(s), and the legal disposition of the case(s): <i>(Conviction will not necessarily disqualify an applicant from employment)</i>			
Have you ever worked for Delmarva Corrugated Packaging? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, month and year:			
How were you referred to us?			
<input type="checkbox"/> Job Posting Web Site: _____ <input type="checkbox"/> Ad (Sign / Billboard)			
<input type="checkbox"/> Walk-In <input type="checkbox"/> Employee Referral _____			
<input type="checkbox"/> Other (Please specify _____)			
Name(s) of any family members or friends that work/worked at Delmarva Corrugated Packaging: _____			

## Education and Training

School	Name & Location of School	Degree or Diploma	# of Years Completed	Course of Study	Did you Graduate?
High School					
Trade / Technical School					
College or University					
Graduate School					

**Delmarva Corrugated Packaging, Inc.** is an equal employment opportunity employer. We consider all applicants for employment without regard to race, color, religion, sex, sexual orientation, gender identification, national origin, age, veteran status, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

# Employment Record

Please give an accurate, complete listing of your last 4 employers (including self-employment) beginning with your most recent employer.

Company:			Telephone:	
Street Address:			Employed From:	To:
City:	State:	Zip:	Starting Rate of Pay:	Ending Rate of Pay:
Job Title / Job Duties - Machines and equipment operated:				
Supervisor Name and phone number:			May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving

Company:			Telephone:	
Street Address:			Employed From:	To:
City:	State:	Zip:	Starting Rate of Pay:	Ending Rate of Pay:
Job Title / Job Duties - Machines and equipment operated:				
Supervisor Name and phone number:			May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving

Company:			Telephone:	
Street Address:			Employed From:	To:
City:	State:	Zip:	Starting Rate of Pay:	Ending Rate of Pay:
Job Title / Job Duties - Machines and equipment operated:				
Supervisor Name and phone number:			May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving

Company:			Telephone:	
Street Address:			Employed From:	To:
City:	State:	Zip:	Starting Rate of Pay:	Ending Rate of Pay:
Job Title / Job Duties - Machines and equipment operated:				
Supervisor Name and phone number:			May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving

Please explain any gaps in your employment record: \_\_\_\_\_

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

**Military** (Complete this section if you served in the U.S. Armed Forces)

Branch of Service:		Nature of duties and any special training, honors received, and languages spoken:
Period of Active Duty:		
From:	To:	
Rank at Discharge:		

**Questions for plant applicants ONLY:**

- Are you willing to work up to 12 hours per day?  Yes  No
  - Are you available for any of 3 shifts?  Yes  No
  - Are you willing to work Saturdays?  Yes  No
  - Are you willing to work Sundays?  Yes  No
  - Can you operate heavy machinery?  Yes  No
  - Can you operate a personal computer?  Yes  No
  - Can you operate a forklift / clamp truck?  Yes  No
- If yes, are you certified?  Yes  No  
Date of last certification? \_\_\_\_\_

List the days and hours that you are not available for work: \_\_\_\_\_

**Physical Record**

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

If not, please describe the functions that cannot be performed or the accommodation that would allow you to successfully accomplish these tasks.

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

# **Applicant's Acknowledgement and Signature**

## **PLEASE READ AND SIGN BELOW**

I certify that all the above information and any resume is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment or my termination from employment, regardless of the time elapsed before discovery.

Further, in order that Delmarva Corrugated Packaging may process my application, I hereby authorize Delmarva Corrugated Packaging, it's related entities, officers, directors, employees, representatives, and agents to conduct a complete investigation into my background; including but not limited to, inquiring into my entire employment history, education history, criminal record and any military record, if any; to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information Delmarva Corrugated Packaging in its sole discretion deems as necessary to determine my eligibility for employment or for the purposes of confirming the accuracy or completeness of any information I have provided to Delmarva Corrugated Packaging. In consideration for the processing of my application for employment with Delmarva Corrugated Packaging, I hereby Release, Indemnify and Hold Harmless Delmarva Corrugated Packaging from any and all liabilities based on their authorized, receipt, disclosure and use of the information gathered in processing my application for employment.

I understand that if hired, any offer of employment is contingent upon production of proof of employment eligibility and the completion of a form I-9.

By signing this application, I voluntarily agree to submit to a pre-employment drug screen and background check upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen and background check will result in withdrawal of the employment offer.

I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the company or myself. I understand that nothing contained in this application or in the interview process is intended to create a contract between Delmarva Corrugated Packaging and me for either employment for a definite period or for providing any benefit. I agree that if I am hired by Delmarva Corrugated Packaging, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time for any reason, and with or without notice or procedural requirements. 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 assure 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 make any agreement contrary to the foregoing.

I further understand that this application will remain active for no more than one year from the date it was made.

By my signature, I acknowledge that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

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

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### **For Delmarva Corrugated Packaging, Inc. use**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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