INNOVATIVE PACKAGING, INC. APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

		DATE:		
PERSONAL INFORMATION				
Legal name: First	Last		Middle Initial	
Address: Street	City	State	Zip code	
Home Telephone:	Other Telepho	one:		
E-mail:	Social Securi	ty #:		
Driver's License #:	ompany vehicle)	State:		
Are you legally eligible for employme	ent in the United States?	□ Yes □ I	No	
United States Visa status, if applicat	ole:			
Have you been convicted of a felony	/? □ Yes □ No			
If yes, please explain circumstances	::			
Are you at least 18 years old?	□Yes □No			
POSITION INFORMATION				
Position(s) applying for:		Salary desired: \$;	
Employment status desired:	Full Time	e 🗆 Temporar	У	
What shifts are you available to wor	k? 1 st (6-2:30) 2 nd (2-10	0:30) 3 rd (10-6:30	D) ALL	
If hired, when could you start?				
How did you hear about this job?				

DRUG TESTING FACILITY

EMPLOYMENT HISTORY (Most recent first)

1. Job Title:		,	Dutie	es:	
Employer:					
Dates of Employment (month / yea From: To:	ır)				
Starting Salary:	Ending	Salary:		🗆 Full Ti	me 🛛 Part Time 🗍 Temp
Employer's Address:					
Supervisor:		May we contac	ct? 🗆	Yes 🗆 No	Phone:
Reason for Leaving:					
2. Job Title:			Dutie	es:	
Employer:					
Dates of Employment (month / yea From: To:	ır)				
Starting Salary:	Ending	Salary:		🗆 Full Tii	me 🛛 Part Time 🗍 Temp
Employer's Address:					
Supervisor:		May we contac	ct? 🗆	Yes 🗆 No	Phone:
Reason for Leaving:					
			Dutie		
3. Job Title:			Dutie	55.	
Employer:					
Dates of Employment (month / yea From: To:	ır)				
Starting Salary:	Ending	Salary:		🗆 Full Ti	me 🛛 Part Time 🗍 Temp
Employer's Address:					
Supervisor:		May we contac	ct? 🗆	Yes 🗆 No	Phone:
Reason for Leaving:					
4. Job Title:			Dutie	es:	
Employer:					
Dates of Employment (month / year) From: To:					
Starting Salary:	Ending	Salary:		🗆 Full Ti	me 🛛 Part Time 🗍 Temp
Employer's Address:					
Supervisor: May we contact		ct? 🗆	Yes 🗌 No	Phone:	
Reason for Leaving:					

DRUG TESTING FACILITY

EDUCATION

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School		-			
College / University		-			
Graduate School		-			
Tech School		-			
Other		-			

Special courses, training or experience acquired, including military experience: _____

SKILLS

Clerical / Office skills		
Computer skills	Name of software:	□ PC □ Mac □ WPM
Languages		
Other special knowledge or skills		

Please describe any other experience, abilities or skills that might be helpful in considering your application: _____

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.