



Application of Employment

An Equal Opportunity Employer

Applicants are considered regardless of race, color, age, sex, religion, national origin, sexual orientation, marital or veteran status, physical or mental disability or other protected classification as defined by applicable law and regulation.

Falsification of Information

If an applicant knowingly falsifies information by either withholding or making a misstatement of information on this application or any document used to obtain employment, it will result in rejection of this application. If an applicant is hired and Michigan City Paper Box (MCPB) later determines that the applicant knowingly falsified or omitted information, the employee will be disciplined and or terminated.

_____ Name (Last, First, Middle Initial)	_____ Home Telephone (Area Code/Number)
_____ Home Address	_____ City, State, Zip
_____ Social Security Number	_____ Date Available to Start
_____ Position Applying For	_____ Expected Salary

Please answer the following questions:

Have you ever applied for a position with MCPB. Yes No

If yes, please provide application date and position. _____

Have you ever been employed with MCPB? Yes. No

If yes, please provide start and end dates. _____

If yes, please provide position. _____

If yes, provide reason for leaving. _____

Do you have a relative currently employed by MCPB? Yes No

If yes, please provide name. _____

Are you 18 years of age or older? Yes. No

Are you authorized to work in the United States? Yes No

Will you require employer sponsorship (for example H-1B) to work at MCPB? _____

Are you a current or former federal government employee? Yes No

If yes, please explain fully (what branch, dates of employment, etc.). _____

Have you ever been convicted of a crime other than misdemeanors or minor traffic violations?

Yes No

If yes, describe and state when the conviction occurred. _____

(A conviction may be relevant if job-related but will not necessarily disqualify an applicant from possible employment.)

How were you referred to MCPB?

Newspaper

Employee/Team Member Referral _____

Relative Referral _____

Employment Agency _____

Other – Please explain _____

Additional Information

Please state any additional information you feel may be helpful in considering your application, such as major accomplishments, business or professional organizations, service in the armed forces, special skills or technical proficiencies with various software packages.

I certify that my responses to the above questions are true, and I understand that any misrepresentation or omission of facts on this application or any documents used to secure employment may disqualify me for employment or result in the termination of my employment at Michigan City Paper Box Company regardless of the time elapsed before discovery of the falsification. I authorize Michigan City Paper Box Company to investigate all statements and references contained in my application.

I further understand that if I become employed with Michigan City Paper Box Company my employment with Michigan City Paper Box Company would be at will, which means that either Michigan City Paper Box Company or I would be free to terminate my employment at any time, for any or no reason and without prior notice, in accordance with applicable laws. That at-will employment arrangement would not be subject to change or modification of any kind, except if it is in writing and signed by you and the President or an officer of Michigan City Paper Box Company. No Michigan City Paper Box Company employee, even at a supervisory, management or director level, has any authority to make any oral or written assurance or promise of your continued employment with Michigan City Paper Box Company if you become employed by Michigan City Paper Box Company.

Signature

Date