



Quality. Service. Sustainability.
Packaging for the Next Generation.

90 Paper Mill Rd. Baltic, CT 06330
Office: 860.822.2000 * Fax: 860.319.2974

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home/Cell Phone: (____) _____ - _____		Are you legally eligible to work in the U.S.? ____ Yes ____ No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: (____) _____ - _____			
E-mail address _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For _____			Date Available to Work
Shift _____			
Have you been previously interviewed or employed by Amgraph Packaging? ____ Yes ____ No			
If Yes, list date(s) and job title(s): _____			
How were you referred?			
Employee Referral? _____			
Website? _____			
Other? _____			
Do you have any relatives currently working for Amgraph Packaging? ____ Yes ____ No			
If Yes, list names and relationship to you: _____			
Are you employed now?		If so, may we contact your present employer?	



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Education					
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma	
High School					
College					
Graduate School					
Technical or Certificate Programs					

Employment History Please provide the following information for your previous three employers, beginning with The most recent: (Please attach an additional page if necessary, do not use "see attached resume")		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		



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Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.



References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Election of Veteran's Preference
<p>Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).</p> <p>Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.</p> <p>Signature _____ Date _____</p>

Amgraph Packaging, Inc. is an **Equal Opportunity Employer**. Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or other protected status.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date



PLEASE READ CAREFULLY BEFORE SIGNING

Falsified Answers

I certify that the answers given on this application for employment and in the employment, process are true and complete to the best of my knowledge. I understand that any false, omitted or misleading information given in this application or application process may result in cancellation of my application, and/or if hired, in my termination.

I have read the above statement and agree – Please initial. _____

Employment-at-Will

I hereby understand and acknowledge that any employment relationship with the company is “at will,” which means that I may resign at any time and that the employer may discharge me at any time, with or without cause, and with or without notice. This “at will” employment relationship may only be changed by written agreement signed by the president of the company.

I have read the above statement and agree – Please initial. _____

Reference Checking

I authorize all educators, employers and/or references listed on this application and (any other persons who might have information regarding my education, previous employment and suitability for employment) to furnish Amgraph Packaging, Inc. with information regarding my education, employment history, or any other information related to my application for employment with Amgraph Packaging, Inc.

I have read the above statement and agree – Please initial. _____

Pre-Employment Drug Screening & Pre-Employment Physical

I acknowledge that I am aware that a urinalysis drug screening test and pre-employment physical along with an “HPE” (Human Performance Evaluation) are required upon a conditional offer of employment at Amgraph Packaging, Inc. If results are positive, I will be disqualified for consideration for employment and/or any offer of employment will be withdrawn. I will be given a copy of any positive urinalysis drug test result.

I have read the above statement and agree – Please initial. _____

Hold Harmless Clause

In consideration for the processing and review of my employment application, I agree to release and hold harmless both Amgraph Packaging, Inc. and its employees and representatives, and any source of background information, from and against any and all claims arising out of my application for employment with Amgraph Packaging, Inc. including but not limited to claims for breach of privacy resulting from the disclosures of information as part of my application for employment.

I have read the above statement and agree – Please initial. _____

General Information

As a condition of employment, all new employees are required to sign a copy of Confidentiality/Proprietary Rights Agreement, which sets for the employees’ responsibilities with respect to certain confidential or proprietary information.

I understand, also that I am required to abide by the policies, rules and regulations of the company and further understand that assigned work schedule hours and/or shift may change at the sole discretion of the employer.

This application of employment shall be considered active for employment consideration purposes for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether applications are being accepted at that time.

I acknowledge that I have read and understand the paragraphs listed above.

APPLICANTS SIGNATURE _____

DATE _____