

## APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE)

<p>APPLICANTS ARE CONSIDERED FOR ALL POSITIONS.</p> <p>Sullivan Paper Company is an Equal Employment Opportunity employer; Minority/Female/Individual with Disability/Protected Veteran – We welcome all persons to apply.</p>			
DATE OF APPLICATION: _____			
POSITION(S) APPLIED FOR: _____			
TYPE OF POSITION:	FULL TIME	PART TIME	SUMMER (CHECK ONE)
REFERRAL SOURCE:	ADVERTISEMENT	FRIEND	RELATIVE WALK-IN AGENCY OTHER
<b>PERSONAL INFORMATION:</b>		IF OTHER, PLEASE INDICATE: _____	
NAME:			
	LAST	FIRST	MIDDLE
ADDRESS:			
	STREET	CITY	STATE ZIP CODE
PHONE:		EMAIL ADDRESS:	
<b>CONDITIONS OF EMPLOYMENT:</b>			
MUST PARTICIPATE IN A PRE-PLACEMENT EXAM AND ALSO PASS A DRUG URINALYSIS TEST.			
MUST BE WILLING TO WORK 1ST, 2ND, 3RD SHIFT OR 12 HOUR SHIFT SCHEDULES.			
MUST COMPLETE AN I-9 FORM (EMPLOYMENT ELIGIBILITY VERIFICATION)			
<b>PLEASE CHECK EITHER YES OR NO:</b>			
IF EMPLOYED AND UNDER 18, CAN YOU FURNISH A WORK PERMIT?	YES	NO	NOT APPLICABLE
HAVE YOU APPLIED HERE BEFORE?	YES	NO	
IF YES, GIVE DATE: _____			
HAVE YOU WORKED HERE BEFORE?	YES	NO	
IF YES, GIVE DATES: _____			
ARE YOU EMPLOYED NOW?	YES	NO	
MAY WE CONTACT ANY LISTED PRESENT OR PAST EMPLOYER?	YES	NO	
AVAILABLE IMMEDIATELY?	YES	NO	
IF NO, GIVE DATE AVAILABLE: _____			
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?	YES	NO	
ARE YOU RELATED TO A PRESENT OR FORMER EMPLOYEE?	YES	NO	
IF YES, PLEASE SPECIFY: _____			
<b>SPECIAL SKILLS &amp; QUALIFICATIONS:</b>			
<p><small>IF YOU LEAVE OUR EMPLOY FOR ANY REASON WITHOUT COMPLETING MORE THAN ONE FULL WEEK YOU WILL BE PAID AT THE TEMPORARY HELP RATE.</small></p>			

EDUCATION NAME OF SCHOOL	LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

**EMPLOYMENT EXPERIENCE** - Start with your present or last job. Include Military Service and volunteer activities. Exclude organization names which indicate race, color, age, creed, gender, national origin, marital status, sexual orientation, disability, ancestry or genetic disposition.  
(IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET.)

DATE -MONTH & YEAR	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	REASON FOR LEAVING
TO: FROM:		
TO: FROM:		
TO: FROM:		

**REFERENCES** - GIVE NAMES OF THREE PERSONS **NOT** RELATED TO YOU.

NAME	OCCUPATION	YEARS KNOWN	ADDRESS & PHONE

By clicking here, I certify that the facts contained herein are true and complete to the best of my knowledge, and understand that, if employed, false or misleading statements in my application or interview(s) shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and the references listed above to give any and all information concerning my former employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without further notice. I also understand that I will be required to abide by all rules, regulations and policies of the Company. I understand that this application is not, and is not intended to be, a contract of employment.

Massachusetts General Laws c. 149 s 19B requires that the following statement be included on employment applications: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

