

**COMPANY Use Only**

_____ Date Application Received
 _____ Date of Screening
 _____ Date Interviewed
 _____ Date Offered
 _____ Date Accepted
 _____ Date Started
 _____ Other Information

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

Please complete this application in its entirety. Your opportunity for employment with **Mankato Packaging** will depend upon the completeness and accuracy of information on this form. **Mankato Packaging** will keep your application on file for a period of two years following the date of this application. **Mankato Packaging** is an Equal Opportunity/Affirmative Action Employer and fully complies with all applicable federal, state and local laws prohibiting employment discrimination.¹

Date: _____

Last Name	First Name	Middle Name	Telephone	Number
Present Address (Street, City, State, and Zip Code)			Email	

Position applied for _____

Are you seeking: Full time Part time Summer Part time days Part time evenings How did you hear about employment opportunities at **Mankato Packaging**? Internet Newspaper Radio TV Ad Other _____

Salary Expected _____

Have you ever filed an application at **Mankato Packaging** previously? Yes No When _____Have you previously been employed at **Mankato Packaging**? Yes No When _____ Position _____*Have you ever been discharged or forced to resign from a position? Provide details: Yes No Provide details _____Are you authorized to work in the United States without sponsorship? Yes No Are you presently employed? Yes No When could you report for work? _____

¹ Further information about Equal Employment Opportunity can be found at:
http://www.eeoc.gov/employers/upload/poster_screen_reader_optimized.pdf.

May we contact your employer? Yes No

EMPLOYER	ADDRESS (Street, City, State)
From (month/year) _____ TO _____	Beginning Rate of Pay _____ Ending Rate of Pay _____
Position Held	Phone #
Briefly describe the work you did _____ _____	
Supervisor	Reason for Leaving
May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYER	ADDRESS (Street, City, State)
From (month/year) _____ TO _____	Beginning Rate of Pay _____ Ending Rate of Pay _____
Position Held	Phone #
Briefly describe the work you did _____ _____	
Supervisor	Reason for Leaving
May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

May we contact you at your workplace? Yes No Phone: _____

Other Alternate Number _____

What is the best time of day to reach you? _____

May we contact you via text message? Yes No

May we contact you via email? Yes No Email address _____

SKILLS

Please list computer software, production machines or equipment that you are capable of using _____

Licenses and/or Certifications you wish to have considered with your application _____

Please provide any other information (e.g. relevant accomplishments, training, or experience) that is relevant to your qualifications for the position for which you are applying.

PLEASE READ CAREFULLY

APPLICANT’S CERTIFICATION AND AGREEMENT

Please read all of the below-stated conditions and notifications prior to signing.

I hereby certify that all entries and attachments to this application are true and complete, and I agree and understand that any false or misleading information or omissions, regardless of time of discovery, may disqualify me from further consideration for employment and may lead to my dismissal if I am employed with **Mankato Packaging** at the time of the discovery. I understand that all information on this application is subject to verification, and I expressly authorize investigation by **Mankato Packaging**, its agents, and representatives of all statements, references, and information provided in this application (or in any related documents or interview).

I hereby certify that I am at least 18 years old.

I expressly authorize any person, school, current or prior employer, or other organization named in this form (or in any related documents or interview) to provide any information or opinion requested by **Mankato Packaging**, its agents, and representatives, in connection with my application for employment, and I release all such parties from liability in making such statements.

I understand that all candidates who have received a conditional offer of employment from **Mankato Packaging** may be subject to drug testing prior to beginning their employment, in accordance with Minnesota law. A positive pre-employment drug test or refusal to participate in a pre-employment drug test will lead to **Mankato Packaging** withdrawing the employment offer.

I understand that this application does not create a contract for employment. I understand that, if hired, I am obligated to comply with any and all current and subsequently adopted company policies. I further understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, at the will of either party with or without prior notice, except as may be required by law or except as agreed to in a writing signed by the President of **Mankato Packaging**. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States.

I certify that I have read, fully understand and accept the above terms.

Signature of Applicant

Date