



COM-PAC
INTERNATIONAL
"Performance Plastic Packaging"

CPI 158

800 INDUSTRIAL PARK RD.
P.O. BOX 2707
CARBONDALE, IL 62902

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			DATE		
PRESENT ADDRESS			CITY	STATE	ZIP CODE
PERMANENT ADDRESS			CITY	STATE	ZIP CODE
PHONE		REFERRED BY			
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EVER APPLIED TO THIS COMPANY BEFORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
US MILITARY OR NAVAL SERVICE	RANK
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IT IS COM-PAC INTERNATIONAL'S POLICY THAT UPON HIRE, EMPLOYEES ARE TO SUBMIT TO A DRUG TEST.

SIGNATURE	DATE
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IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NUMBER
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"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

SIGNATURE	DATE
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY		DATE	
REMARKS			
NEATNESS		ABILITY	
HIRED YES <input type="checkbox"/> NO <input type="checkbox"/>		POSITION	DEPT.
SALARY WAGE		DATE REPORTING TO WORK	
APPROVED	EMPLOYMENT MANAGER	DEPT. HEAD	GENERAL MANAGER