

APPLICATION FOR EMPLOYMENT

MANCHESTER PACKAGING COMPANY
2000 EAST JAMES BOULEVARD
ST. JAMES, MISSOURI 65559
(573) 265-3569

P E R S O N A L	Legal Last Name:	First Name:	Middle Name:	Today's Date:
	Street Address:			Home Telephone # or Message #:
	City, State, Zip Code			Other Telephone Number:
	Have you ever been employed with Manchester Packaging Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: STOP AND TELL THE RECEPTIONIST. DO NOT CONTINUE!			Social Security Number:
	Position Desired:			How did you hear about us?:
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Have you used any other names other than those listed on this page? (i.e. Do you have a maiden name, nickname, etc.)			Have you used any other Social Security Numbers than what is already listed? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment.

Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work you are required to submit to a medical review. Depending on Company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Company.

E D U C A T I O N	School	Name and Location of School	Course of Study	No. Of Years Completed	Did you Graduate?	Did you receive a Diploma?
	Elementary		N/A		N/A	N/A
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone Number ()
	Address	Employed - (State Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone Number ()
	Address	Employed - (State Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone Number ()
	Address	Employed - (State Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone Number ()
	Address	Employed - (State Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do **not** want us to contact.

DO NOT CONTACT:

Employer Number(s) _____ Reason _____

Are you over 18 years of age? ☐ Yes ☐ No

PLEASE NOTE:

**THE QUESTION ABOVE IS ONLY ASKED BECAUSE
YOU MUST BE A MINIMUM OF 18 YEARS
OF AGE TO WORK IN A MANUFACTURING FACILITY.**

Have you ever applied for employment with us?

☐ Yes ☐ No

If Yes: Month and Year you applied: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ☐ Yes ☐ No If "Yes", describe in full.

Have you ever been employed by us? ☐ Yes ☐ No

If "Yes", Give Dates: Beginning Date: _____ Ending Date: _____

What Department: _____

Reason for Termination: _____

Please list any skills that you possess:

Have you been employed by anyone else that you have not listed on the previous page? If yes, please list each company:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Manchester Packaging Company is an Equal Opportunity Employer and all qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities.

NOTICE TO JOB APPLICANT:

APPLICATION INFORMATION VERIFICATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and I have personally completed this application. I understand that any omissions or misstatement of material fact on the application or on any document used to secure discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize Manchester Packaging Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further authorize my former employers to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and an authorized representative.

Please list all names, maiden names, nicknames or any married names you have used or have gone by:

Applicant's Name: (PLEASE PRINT)

Applicant's Social Security Number:

Applicant's Signature:

Today's Date: