



South Coast Paper

Products/Performance/Possibilities

APPLICATION FOR EMPLOYMENT

Date _____

Applicant Name _____

Present Address _____ City _____ State _____

Primary Telephone _____ Cell Phone _____

Have you ever been convicted of a crime? YES NO

If yes, provide details, including date(s): _____

A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

POSITION DESIRED

Position _____ Date you can start _____

Desired Pay _____ Do you prefer FT PT

Hours you are available to work: 7:00 am - 7:30 pm 7:00 pm - 7:30 am (check all that apply)

Does your schedule allow flexibility in working weekends, holidays and overtime? YES NO

Have you previously worked for this company: If so, please list dates _____

Reason for leaving _____

Former Supervisor at this company _____

How did you learn about this opening? _____

Do you know any current employees: if so, who? _____

EDUCATION

High School _____ Graduated YES NO

High School Address _____

If you did not graduate, did you receive a GED? _____ If so, when _____

College/University _____ Graduated YES NO

Courses of Study and Degree _____

WORK EXPERIENCE

Please list all previous employment beginning with the most recent.

Employer _____

Address _____ City _____ State _____

Dates of Employment Starting Date _____ Ending Date _____

Position Held _____ Reason for Leaving _____

Supervisor's Name _____

Description of Duties _____

Starting Pay _____ Ending Pay _____

Employer _____

Address _____ City _____ State _____

Dates of Employment Starting Date _____ Ending Date _____

Position Held _____ Reason for Leaving _____

Supervisor's Name _____

Description of Duties _____

Starting Pay _____ Ending Pay _____

Employer _____

Address _____ City _____ State _____

Dates of Employment Starting Date _____ Ending Date _____

Position Held _____ Reason for Leaving _____

Supervisor's Name _____

Description of Duties _____

Starting Pay _____ Ending Pay _____

Employer _____

Address _____ City _____ State _____

Dates of Employment Starting Date _____ Ending Date _____

Position Held _____ Reason for Leaving _____

Supervisor's Name _____

Description of Duties _____

Starting Pay _____ Ending Pay _____

REFERENCES (please do not include relatives)

Please list all previous employment beginning with the most recent.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Notice to applicants: The information provided on this application is subject to verification.
Previous employers may be contacted as references.

SKILLS

Please list all skills:

AUTHORIZATION AND ACKNOWLEDGMENTS

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.

Applicant Signature _____

Date _____

Please email this application to careers@southcoastpaper.com or fax 334-366-0085