

Please Print

Date	Last Name	First Name	Middle
Present Address		City	State Zip
Mailing Address (if different from present address):		City	State Zip
Home Phone	Cell Phone	Email Address	

Employment Desired

Position applying for: _____			
Referred by:	<input type="checkbox"/> Ad <input type="checkbox"/> Agency <input type="checkbox"/> Employee	Name of Referral _____	
	<input type="checkbox"/> Walk In		
Are you applying for: (Please check all that apply.)		<input type="checkbox"/> Regular full-time <input type="checkbox"/> Regular part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
What days and hours are you available for work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Shifts Please State: _____			
Are you currently on layoff status subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for work on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for travel, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, on what date can you start work? _____		Salary/ Wage desired: _____	

Personal Information

Have you ever applied to Kelly Paper Company. or Spicers Paper, Inc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when: _____ Date		
Have you ever worked for Kelly Paper Company. or Spicers Paper, Inc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name(s) and position held. _____ Date Position		
Do you have any friends or relatives working for Kelly Paper Company. or Spicers Paper, Inc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name(s) and relationship: _____ Name Relationship		
_____ Name Relationship		
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country for any employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the functions that cannot be performed. _____ _____		
Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, drug screen, employment background check, and skill and agility tests.		

Name of Employer _____ Type of Business _____ Telephone No. _____

Address _____

Dates of Employment: _____

Your Supervisor's Name _____ From _____ To _____

Your Position and Duties: _____

Reason for Leaving: Laid Off Resigned Discharged Explain: _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Type of Business _____ Telephone No. _____

Address _____

Dates of Employment: _____

Your Supervisor's Name _____ From _____ To _____

Your Position and Duties: _____

Reason for Leaving: Laid Off Resigned Discharged Explain: _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Professional References

List below two persons not related to you who have knowledge of your work performance.

First Name _____ Last Name _____ Home _____ Telephone No _____

Address & Street (Optional) _____ City _____ Work _____ Telephone No _____

State _____ Zip _____ Occupation & Company Name _____ No. of Years Acquainted _____

Professional References continued

_____ First Name	_____ Last Name	_____ Home	_____ Telephone No
_____ Address & Street (Optional)	_____ City	_____ Work	_____ Telephone No
_____ State	_____ Zip	_____ Occupation & Company Name	
			_____ No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph, and Sign Below:

Initials 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 correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed 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, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. As part of this investigation, the company will obtain a consumer report from a Consumer Reporting Agency for employment purposes. The company may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. 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 the company's designated representative.

Initials I hereby acknowledge that should an offer of employment be made it is a conditional offer contingent upon the passing a pre-employment physical, which includes a drug test. I further acknowledge that if employed by Kelly Paper Company, drug tests may be required in the event of a work-related accident.

Initials I hereby acknowledge that, if hired, I may be required to sign a company arbitration agreement.

Initials I hereby acknowledge that if I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the Company.

Initials Disclosure of Non-competition, Non-disclosure and Non-solicitation

Initials Please check the item that applies to you.

I am not bound by any agreements that would limit my ability to work for Kelly Paper, Inc.

I have previously signed a non-competition, non-disclosure or non-solicitation agreement. I have attached a copy to this document for Kelly Paper Company to review.

Date

Applicant's Signature

Voluntary Self-Identification of Disability

Form CC-305
 OMB Control Number 1250-0005
 Expires 1/31/2020
 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
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Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.