

GENERIC APPLICATION FOR EMPLOYMENT
(Print neatly and complete all blanks)

Paper Systems, Inc.

Date: _____

PSI is an Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State Zip

Email Address: _____

Telephone Number: () _____ **Social Security Number:** _____

Are you 18 years of age or older? Yes No Are you a military Veteran? Yes No
Are you legally able to work in the United States? Yes No If Yes, Dates of Active Duty: _____ to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?

EMPLOYMENT DESIRED

Job Title: _____ **Date you can start:** _____ **Wage Desired:** _____

Are you available for work: Full-Time Part-Time Temp Seasonal

EDUCATION

Do you have a High School Diploma or GED? Yes No

Name of last school attended: _____ **City:** _____ **State:** _____

Circle last year of school completed:

Circle the highest degree earned:

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)**Company Name:** _____ **Job Title:** _____**Address:** _____
Number Street City State Zip**Start Date:** _____ **End Date:** _____ **Rate of Pay:** _____**Detailed Job Duties:** _____

_____**Reason for Leaving:** _____

Company Name: _____ **Job Title:** _____**Address:** _____
Number Street City State Zip**Start Date:** _____ **End Date:** _____ **Rate of Pay:** _____**Detailed Job Duties:** _____

_____**Reason for Leaving:** _____

Company Name: _____ **Job Title:** _____**Address:** _____
Number Street City State Zip**Start Date:** _____ **End Date:** _____ **Rate of Pay:** _____**Detailed Job Duties:** _____

_____**Reason for Leaving:** _____

May we contact your former employers to verify this information?

Yes No May we contact your present employer? Yes No

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.
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Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

Do you use any type of tobacco products, i.e., cigarettes, chewing tobacco or vaping? Yes No

Do you have a valid Driver's License? Yes No

If no, please explain:

Have you ever been convicted of a felony? Yes No

Have you ever been arrested? Yes No

If yes, please explain:

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: _____

Date: _____