

Foampak Employment Application

APPLICANTS INFORMATION	Fax to 856-467-8025	or	E-Mail to accounting1428@foampak.net
NAME:			
TELEPHONE #	E-MAIL	CELL	
HOME ADDRESS			

I AM LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?	YES	NO
I AM SEEKING A PERMANENT POSITION	YES	NO
IF HIRED, I WILL BE ABLE TO REPORT TO WORK IN, (# OF DAYS)		DAYS
IF NECESSARY FOR THE JOB, I AM ABLE TO WORK OVERTIME	YES	NO
IF TRAVEL IS REQUIRED I CAN BE AWAY FROM HOME (# OF DAYS)	1, 2, 3, 4, 5	DAYS
I HAVE A VALID DRIVERS LICENSE IN THE STATE OF ()	YES	NO
I HAVE A COMMERCIAL ENDORSEMENT ON MY LICENSE: (CDL) or OTHER	YES	NO
CAN YOU PERFORM ESSENTIAL JOB FUNCTIONS WITHOUT ACCOMMODATIONS?	YES	NO
BELOW, LIST TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER SUPERVISORS		
NAME	ADDRESS	TELEPHONE

EMERGENCY CONTACT PERSON			
NAME	ADDRESS	TELEPHONE	RELATIONSHIP

EMPLOYMENT HISTORY			
LIST MOST RECENT EMPLOYMENT FIRST. INCLUDE SUMMER OR TEMPORARY JOBS. BE SURE ALL YOUR EXPERIENCE OR EMPLOYERS RELATED TO THIS JOB ARE LISTED HERE. IF EXTRA SPACE IS NEEDED YOU MAY REQUEST ADDITIONAL PAPER.			
EMPLOYERS NAME & ADDRESS	POSITION / TITLE / DUTIES / SKILLS	START DATE	END DATE
		REASON FOR LEAVING:	
PAY: PER:	SUPERVISOR:	SUPERVISOR PHONE	
DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER		YES	NO
ADDITIONAL INFORMATION:			
EMPLOYERS NAME & ADDRESS	POSITION / TITLE / DUTIES / SKILLS	START DATE	END DATE
		REASON FOR LEAVING:	
PAY: PER:	SUPERVISOR:	SUPERVISOR PHONE	
DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER		YES	NO
ADDITIONAL INFORMATION:			

Foampak Employment Application

EMPLOYERS NAME & ADDRESS	POSITION / TITLE / DUTIES / SKILLS	START DATE	END DATE
		REASON FOR LEAVING:	
PAY: PER:	SUPERVISOR:	SUPERVISOR PHONE	
DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER		YES	NO
ADDITIONAL INFORMATION:			

EMPLOYERS NAME & ADDRESS	POSITION / TITLE / DUTIES / SKILLS	START DATE	END DATE
		REASON FOR LEAVING:	
PAY: PER:	SUPERVISOR:	SUPERVISOR PHONE	
DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER		YES	NO
ADDITIONAL INFORMATION:			

EDUCATION				
	INSTITUTION NAME	YEARS COMPLETED	FIELD OF STUDY	GRADUATE OR DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS				
TECHNICAL SCHOOL				
OTHER				
NOTE ANY ADDITIONAL SKILLS YOU MAY HAVE EXAMPLES (COMPUTER) (SOFTWARE) (LANGUAGES) (TYPING) (SUPERVISORY)				

ARE YOU A VETERAN	YES	NO	DUTY:
SPECIALIZED TRAINING:			

INFORMATION TO THE APPLICANT	
<p>As Part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, (and are subsequently hired), you may be discharged from your job at any time. If necessary, you may be required to supply your birth certificate or other proof of identification and authorization to work in the United States. You may be required to have a physical examination and or a drug test. You may be required to sign a conflict of interest agreement and abide by its terms. All new hires are subject to a 90 day probationary period during which time the employer or the employee may terminate the employment agreement at any time without cause.</p> <p>Foampak is an equal opportunity employer: All employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.</p>	
I ACKNOWLEDGE I HAVE READ & UNDERSTAND THE ABOVE, PLEASE PRINT YOUR NAME AND SIGN BELOW	
NAME	SIGNATURE
Fax to 856-467-8025 or E-Mail to accounting1428@foampak.net Revision (# 3) 2/20/2018 FM	