



Packaging Resources

“We think Inside & Outside the Box”

Application for Employment

2017-2018

EMPLOYMENT APPLICATION
COLUMBIA CORRUGATED BOX CO/PACKAGING RESOURCES CO

This application must be filled out in complete detail by the applicant.

Full Name (Last, First, Middle)	Day/Cell or message number	Date of Application	
Street Address	City	State	Zip Code
<u>XXX-XX-</u>			
Social Security No (last 4 digits)	Available for any shift? (Yes or No)	Wages desired?	

Date you can start	Are you employed now?	If so, where?
Have you ever worked for this company before? If so, when? _____		

EDUCATION OR TRAINING: Please indicate your education and/or training background that is relevant to the job you are applying for.

Education:			
Name, Location of School	Number of years attended	Graduated (Yes/No)	

Special Skills: Please indicate if you have any skills or experience operating or maintaining plant equipment or machines. If a license is required, please provide details on your license.

Why are you interested in the possibility of employment with Columbia Corrugated Box Co/Packaging Resources Co?

Why should we hire you for the position you have applied for?

Persons applying for employment at CCB/PRC will be required to submit to a pre-employment urinalysis test, which is designed to detect the presence of illegal, illicit drugs. A refusal to take such an examination or a positive test result will render the applicant ineligible for further considerations for employment at this time. Such applicants may re-apply for employment after ninety (90) days and be considered the same as any other applicant. Those applicants who have been conditionally selected for employment will submit themselves for a post-offer health examination at which time a medical physician will determine whether or not the applicant is physically capable of successfully performing the essential functions of the position for which they have been conditionally hired.

Consent and Release: I consent to presenting myself **(PRINT NAME)** _____

For a urinalysis and a physical examination as well as authorizing the release of information regarding the urinalysis/physical examination to the authorized persons at Columbia Corrugated Box/Packaging Resources Company.

Signature

EMPLOYMENT EXPERIENCE

Please account for ALL periods of employment and any breaks in employment, include self-employment and military service.

Present or Last Employer (Company Name):	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____		
Job Title: _____	May we contact this employer? YES NO	
Describe your duties and responsibilities:		

Present or Last Employer (Company Name):	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____		
Job Title: _____	May we contact this employer? YES NO	
Describe your duties and responsibilities:		

Present or Last Employer (Company Name):	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____		
Job Title: _____	May we contact this employer? YES NO	
Describe your duties and responsibilities:		

Employment History Continued...

Please account for ALL periods of employment and any breaks in employment, include self-employment and military service.

Present or Last Employer (Company Name): _____	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____	May we contact this employer? YES NO	
Job Title: _____		
Describe your duties and responsibilities: _____ _____ _____		

Present or Last Employer (Company Name): _____	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____	May we contact this employer? YES NO	
Job Title: _____		
Describe your duties and responsibilities: _____ _____ _____		

Present or Last Employer (Company Name): _____	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____	May we contact this employer? YES NO	
Job Title: _____		
Describe your duties and responsibilities: _____ _____ _____		

Present or Last Employer (Company Name): _____	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____	_____	
Job Title: _____	May we contact this employer? YES NO	
Describe your duties and responsibilities: _____ _____ _____		

Present or Last Employer (Company Name): _____	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____	_____	
Job Title: _____	May we contact this employer? YES NO	
Describe your duties and responsibilities: _____ _____ _____		

Present or Last Employer (Company Name): _____	Hire Date: _____	Starting Pay: _____
Address: _____	Date Left: _____	Ending Pay: _____
Telephone: _____	Reason for Leaving: _____	
Supervisor: _____	_____	
Job Title: _____	May we contact this employer? YES NO	
Describe your duties and responsibilities: _____ _____ _____		

Columbia Corrugated Box & Packaging Resources

To be considered for employment with CCB/PRC:

1. you must identify the job category you are applying for. Following this statement you will find brief job descriptions.
2. Circle the name of the company you are applying for work with on the front of this application.
3. **You must be able to provide documentation showing authorization to work in the United States on your first day of work.**
4. You must have the ability to read and communicate in English with the ability to understand verbal and written communications.
5. Must be able to work independently without constant or direct supervision.
6. Must be willing to work cooperatively with others and become a team member responsible for safely manufacturing high quality products.
7. Must be willing to comply with all company personnel and safety policies.
8. Must meet attendance requirements of the Company.
9. Must be able to work any mandatory overtime

We accept applications continuously and may or may not have an opening at the time of your application
I have read with understanding the above information: _____.

Your signature

- **Assembly:** This job consists of putting together foam and corrugated components and building packaging kits with these components. Requires standing, bending, stooping and twisting with the ability to handle and identify a variety of materials.
- **Production:** This job is repetitive and requires frequent bending, twisting, stooping and handling corrugated, foam or wood materials weighing up to 50 pounds.
- **Distribution:** Warehouse and truck driving jobs require the operation of a variety of forklifts; accurately and safely handle a variety of packaging products. Will include loading and unloading trucks and reading bills of lading and other documents.
- **Maintenance:** Must have verifiable work experience related to maintenance millwright work. This job includes all facets of the maintenance and the repair and upkeep of industrial equipment.
- **Office:** Includes all aspects of office work such as customer service, accounting, sales, graphics, design, human resources, etc.

Job you are applying for: _____

We are an EOE/AA employer

Read the following statement BEFORE signing this application.

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large amount of applications received, not everyone who applies will be interviewed.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application/resume. I understand that any misrepresentation or material omission that becomes known to Columbia Corrugated Box/Packaging Resources Co. will result in my immediate termination.

I do () or do not () authorize all previous employers and supervisors to release information to Columbia Corrugated Box/Packaging Resources Co. regarding my employment and the termination of my employment. Additionally, I release Columbia Corrugated Box/Packaging Resources C. and all previous employers and supervisors from any damages that may result from furnishing information to other employers regarding my employment.

If hired, I agree to conform to the instructions, rules, and policies of Columbia Corrugated Box/Packaging Resources Co. My employment and compensation can be terminated at any time, without cause and without notice, at the option of either the company or myself.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

I have reviewed all of the information provided in this application and in any attachments or supporting documents. Yes No

I understand that an incomplete and/or unsigned application will be rejected.

Signature

Date

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

Equal Employment Opportunity is

THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected: The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

EEOC 9/02 and OFCCP 8/08 Versions Useable With 11/09 Supplement EEOC-P/E-1 (Revised 11/09)

Pre-Offer Form-Invitation to Self-Identify

We ask all applicant to provide information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a federal contractor subject to Executive order 11246 (which requires us to track applicants' and employees ethnicity/race and gender for statistical purposes) and the Vietnam Era Veterans' Readjustment Assistance Act (Which requires us to employ and promote protected veterans). Incompliance with these laws, our affirmative Action Program requires us to engage in outreach, monitor our employment decisions to ensure they are nondiscriminatory, report certain data, and track our progress. The information you provide will be used only in ways that are consistent with these laws. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, compensation, fringe benefits and termination), regardless of race/ethnicity, color, religion Gender, national origin, age, disability, protected veteran status, or any other status protected by law. Please check the appropriate boxes below:

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you Hispanic?	<input type="checkbox"/> Yes. Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question. <input type="checkbox"/> No. Continue to the next question.
What is your race?	<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above five races.
Are you a protected veteran?	<input type="checkbox"/> Yes. Includes: Disabled veteran (veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or would be if not receiving military retired pay) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability), Active duty wartime or campaign badge veteran (veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized), Armed Forces Service Medal veteran (veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985), or Recently separated veteran (any veteran during the 3-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service). <input type="checkbox"/> No.
Sign here	Signature: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control
Number 1250-0005
Expires 1/31/2020
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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. 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 THAT 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 | *Diabetes | *Epilepsy |
| *Autism | *Cerebral palsy | *HIV/AIDS | *Schizophrenia |
| *Muscular dystrophy | *Bipolar disorder | *Major Depression | *Stress |
| *Multiple sclerosis | *Missing limbs | *Partial limbs | *Cancer |
| *PTST | *OCD | | |
| *Impairments requiring the use of a wheelchair | | | |
| *Intellectual disability | | | |

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: _____

Reasonable Accommodation Notice

Form CC-305
OMB Control
Number 1250-0005
Expires 1/31/2020
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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.

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.