

INDEPENDENCE CORRUGATED, LLC

APPLICATION FOR EMPLOYMENT

THANK YOU FOR EXPRESSING AN INTEREST IN EMPLOYMENT WITH OUR COMPANY

Before you complete this application, please understand that Independence Corrugated, LLC and its affiliates offer equal employment opportunities to all applicants and employees regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age, and any other legally protected class. Employment shall be based solely on the Company's need and the individual's qualifications.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever worked or applied for employment with us before? Yes No If yes: Month and Year Location			Social Security #
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work?			Will you work overtime if asked? Yes No
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Are you at least 18 years of age? Yes No		Do you object to shift work? Yes No	

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				___ Yes ___ No	
College				___ Yes ___ No	
Business/Trade/ Technical				___ Yes ___ No	
High School				___ Yes ___ No	
Other special training or skills (languages, machine operation, software packages, etc.)					

EMPLOYMENT

Please give complete full-time and part-time employment record. Start with your present or most recent employer.

EMPLOYER NAME		PHONE: (AREA CODE) NUMBER	
ADDRESS	NUMBER AND STREET	CITY OR TOWN	STATE ZIP
SUPERVISOR'S NAME AND TITLE		DATE HIRED	LAST DAY WORKED
FINAL SALARY/WAGE \$ _____ Per _____	REASON FOR LEAVING		YOUR JOB TITLE
YOUR DUTIES			
EMPLOYER NAME		PHONE: (AREA CODE) NUMBER	
ADDRESS	NUMBER AND STREET	CITY OR TOWN	STATE ZIP
SUPERVISOR'S NAME AND TITLE		DATE HIRED	LAST DAY WORKED
FINAL SALARY/WAGE \$ _____ Per _____	REASON FOR LEAVING		YOUR JOB TITLE
YOUR DUTIES			
EMPLOYER NAME		PHONE: (AREA CODE) NUMBER	
ADDRESS	NUMBER AND STREET	CITY OR TOWN	STATE ZIP
SUPERVISOR'S NAME AND TITLE		DATE HIRED	LAST DAY WORKED
FINAL SALARY/WAGE \$ _____ Per _____	REASON FOR LEAVING		YOUR JOB TITLE
YOUR DUTIES			
EMPLOYER NAME		PHONE: (AREA CODE) NUMBER	
ADDRESS	NUMBER AND STREET	CITY OR TOWN	STATE ZIP
SUPERVISOR'S NAME AND TITLE		DATE HIRED	LAST DAY WORKED
FINAL SALARY/WAGE \$ _____ Per _____	REASON FOR LEAVING		YOUR JOB TITLE
YOUR DUTIES			
EMPLOYER NAME		PHONE: (AREA CODE) NUMBER	
ADDRESS	NUMBER AND STREET	CITY OR TOWN	STATE ZIP
SUPERVISOR'S NAME AND TITLE		DATE HIRED	LAST DAY WORKED
FINAL SALARY/WAGE \$ _____ Per _____	REASON FOR LEAVING		YOUR JOB TITLE
YOUR DUTIES			

If necessary, continue on a separate page or attach your resume.

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age, and any other legally protected class.)

SIGNATURE

IMPORTANT - Read the following certification and agreement carefully before signing below.

In making this application for employment, I certify that the statements I have made are true, complete and correct and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for Independence Corrugated, LLC and its affiliated companies (Company) either to refuse or to terminate my employment. Further, I authorize any school or former employer to disclose to the Company, upon request, any information they may have as to my record, performance and attendance and will hold such schools and employers harmless for such disclosure. I agree to take the Company drug screening test only after a conditional offer of employment has been made. I understand that this application becomes void after 90 days unless renewed personally and in writing by me. I have read and do understand and subscribe to this certification and agreement.

In consideration of my employment, I agree to conform to the rules and regulations of The Company. I also agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at my option or at the option of The Company. I understand that no employee or representative of The Company, other than the General Manager and/or General Partner has any authority to enter into any agreement guaranteeing my employment for any specified period of time, nor to make any agreement contrary to the foregoing.

SIGNATURE

DATE SIGNED

FOR EMPLOYER'S USE ONLY

INTERVIEWED BY: _____

DATE: _____

INTERVIEWED BY: _____

DATE: _____

INTERVIEWED BY: _____

DATE: _____

START DATE: _____

POSITION: _____

STARTING SALARY/WAGE: \$ _____ Per _____