



APPLICATION FOR EMPLOYMENT

The Chilcote Company dba Tap Packaging Solutions is an Employee-Owned company which seeks to employ the best-qualified individuals for all positions and provide equal opportunity for advancement to all of its employee owners. Therefore, the Company does not discriminate against any person because of age, race, color, religion, national origin, gender identity, veteran status, marital status, disability, sexual orientation, or on any other basis, which would be in violation of any applicable federal, state, or local regulation.

NAME (Last)	(First)	(MI)	TELEPHONE NUMBER
ADDRESS (NO.) (Street)	(Apt./Unit No.)		EMAIL ADDRESS
(City/Town)	(State)	(Zip code)	DATE YOU CAN START
POSITION DESIRED	SALARY DESIRED	PLEASE INDICATE DESIRED TYPE OF EMPLOYMENT Full time _____ Part time _____ Temporary _____ First Shift _____ Second Shift _____ Third Shift _____	
HOW DID YOU HEAR ABOUT US?			
<input type="checkbox"/> Employee Referral Name of Employee _____ <input type="checkbox"/> School/Association <input type="checkbox"/> Other (Please explain _____)		<input type="checkbox"/> Online Job Posting <input type="checkbox"/> Tap Packaging Solutions' Website <input type="checkbox"/> Newspaper	

PLEASE ANSWER THESE QUESTIONS	YES	NO	IF "YES" INDICATE DETAILS
Are you under 18 years of age?			DATE(S) SUPERVISOR(S) NAME
Have you ever applied to or been employed by The Chilcote Company or any of its subsidiaries?			DATE(S) SUPERVISOR(S) NAME
Are you authorized to work in the United States?			If yes, proof of eligibility will be required upon offer of employment.
Do you have any friends or relatives who currently work for The Chilcote Company or any of its subsidiaries?			PLEASE EXPLAIN
Have you been convicted of a felony in the last 5 years?			PLEASE EXPLAIN

EDUCATION AND TRAINING

Education	Name/Location of School	Did you graduate?	# of Yrs. completed	Course of Study
High School				
College				
Business, Trade/Technical				
Other				

EMPLOYMENT HISTORY

(Begin with your present or most recent employer)

COMPANY NAME: _____ Tel. # _____	DATES (Mo. / Yr.) From: _____ To: _____	POSITION/TITLE: _____
Address: _____	Starting Rate of Pay: _____	Reason for Leaving: (Be Specific)
Supervisor's Name and Title: _____	Ending Rate of Pay: _____	
Responsibilities: _____		
COMPANY NAME: _____ Tel. # _____	DATES (Mo. / Yr.) From: _____ To: _____	POSITION/TITLE: _____
Address: _____	Starting Rate of Pay: _____	Reason for Leaving: (Be Specific)
Supervisor's Name and Title: _____	Ending Rate of Pay: _____	
Responsibilities: _____		
COMPANY NAME: _____ Tel. # _____	DATES (Mo. / Yr.) From: _____ To: _____	POSITION/TITLE: _____
Address: _____	Starting Rate of Pay: _____	Reason for Leaving: (Be Specific)
Supervisor's Name and Title: _____	Ending Rate of Pay: _____	
Responsibilities: _____		

In applying for employment it is understood that we reserve the privilege of contacting past employers regarding references. May we also contact your present employer at this time? Yes No

Please list any additional skills, training, license(s) etc... that you think would be helpful to you during your employment here:

IMPORTANT CONDITIONS OF EMPLOYMENT - PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that my answers to all of the foregoing are true and I recognize that my future employment is subject to termination without notice should any of the above statements be found false or inaccurate. I understand that any employment pursuant to this application shall be conditioned upon my taking and passing a drug screening urinalysis. I also hereby agree to submit to medical examinations both as a condition of employment following an offer of employment and as a condition to continued employment and to make the results of any medical examination available to the Company at the Company's request. **I also understand and agree that if I am hired by the Company, I will be employed as an employee-at-will, and as such I am free to resign at any time and the Company reserves the right to terminate my employment at any time, with or without cause and with or without notice. I also understand that no representative of the Company has the authority to make any assurances contrary to the foregoing.** This Application for Employment shall be considered active for a period not to six (6) months. An applicant wishing to be considered for employment beyond this time period, should inquire as to whether applications are being accepted at that time. **I understand and accept the conditions set forth in this statement.**

Signature of Applicant _____

Date _____

