

# PACON CORPORATION

2525 N. Casaloma Dr., PO Box 7170, Appleton, WI 54912-7068

PACON CORPORATION/STRATHMORE/SUPERIOR SPECIALTIES, INC.

Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Complete all lines on this application

### PERSONAL INFORMATION

<b>Name:</b>  (Last) (First) (Middle)	<b>Home Phone:</b>  <b>Cell Phone:</b>
<b>Present Address:</b>  (Street) (Apt)	<b>Email:</b>
(City) (State) (Zip)	<b>Referred By:</b>

Can you, after employment, submit verification of your legal right to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
If under the age of 18, can you, after employment, submit a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No

### EMPLOYMENT DESIRED

<b>Position</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time/Seasonal	<b>Start Date</b>	<b>Salary/Wage Desired:</b>
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Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, may we inquire at your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Pacon/Strathmore? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when, in what position?
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State:

### EDUCATION

<b>Did you graduate from High School?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of School/ Location (City, State)/ Date of Graduation or HSED (Month, Year):</b>

### Training Beyond High School

College, University or School – Name and Location	Dates Attended (Month/Year) From To	Presently Attending	Major Field	Type of Degree	GPA
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
US Military or Naval Service:		Rank:			
Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training. Please provide dates:					

## FORMER EMPLOYERS

From (Mo. & Yr.)	Title of your PRESENT/MOST RECENT position:	Primary Duties:
To (Mo. & Yr.)	Employer's Name and Phone Number	
Hours Each Week	Address:	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor:	

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To (Mo. & Yr.)	Employer's Name and Phone Number	
Hours Each Week	Address:	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor:	

## ADDITIONAL FORMER EMPLOYERS

Dates From/To	Name/Address of Employer	Position	Reason for Leaving

## REFERENCES (Not Associated with Prior Employment)

NAME	PHONE/EMAIL	RELATIONSHIP

I hereby authorize the person(s) named, or listed, on my application and/or resume (or any other persons who can verify such information) to discuss and verify the information that I have provided. I give my consent for all contacted persons, including my former employer(s), to provide information (including transcripts, grades and similar information) concerning my resume and/or application for employment. I hereby release such person(s) from liability for discussing or providing this information.

I hereby certify that all statements in this application are true and correct to the best of my knowledge and understand that falsification of any information shall be grounds for termination of employment. I also give the company permission to verify education credentials/degrees and to contact references/previous employers to obtain work performance information. I understand that all offers of employment are conditional, subject to the receipt of satisfactory references and/or medical examination which may include drug testing. I further understand my employment will be employment-at-will. My employment and compensation can be terminated with or without cause or notice at anytime by the Company or me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date