

GEM STATE PAPER AND SUPPLY CO.

PAPER PRODUCTS AND DISPOSABLES - JANITORIALS AND CHEMICALS
FOOD SERVICE PRODUCTS

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

PLEASE PRINT. Answer each question complete and accurately. All information provided will be kept in strict confidence. This application is valid for thirty days. After thirty days, you must submit a new application to be considered for employment.

NAME _____ TODAY'S DATE _____
last first initial

PRESENT ADDRESS _____ TEL. NUMBER _____
no. street city state zip day

JOB APPLIED FOR _____ DATE AVAILABLE FOR EMPLOYMENT _____ TEL. NUMBER _____
evening

ARE YOU SEEKING: FULL TIME _____ PART TIME _____ TEMPORARY OR SUMMER _____ EMPLOYMENT?

EMPLOYMENT HISTORY

NAME OF CURRENT/MOST RECENT EMPLOYER _____ TEL. NUMBER _____

ADDRESS _____ TYPE OF BUSINESS _____

SUPERVISOR'S NAME AND TITLE _____ REASON FOR LEAVING _____

EMPLOYED FROM: month _____ year _____ TO: month _____ year _____ RATE OF PAY: starting _____ ending _____

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS:

NAME OF NEXT PREVIOUS EMPLOYER _____ TEL. NUMBER _____

ADDRESS _____ TYPE OF BUSINESS _____

SUPERVISOR'S NAME AND TITLE _____ REASON FOR LEAVING _____

EMPLOYED FROM: month _____ year _____ TO: month _____ year _____ RATE OF PAY: starting _____ ending _____

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS:

TWIN FALLS
1801 HIGHLAND AVE. E.
733-6081

BOISE
10189 W. EMERALD
658-0449

POCATELLO
245 W. ALAMEDA
232-6966

ELKO
988 W. MAIN
738-5103

NAME OF NEXT PREVIOUS EMPLOYER _____ TEL. NUMBER _____

ADDRESS _____ TYPE OF BUSINESS _____

SUPERVISOR'S NAME AND TITLE _____ REASON FOR LEAVING _____

EMPLOYED FROM: month _____ year _____ TO: month _____ year _____ RATE OF PAY: starting _____ ending _____

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES _____ NO _____ (A conviction will not necessarily disqualify an applicant.)

IF YES, PLEASE EXPLAIN: _____

ARE YOU OVER 18 YEARS OF AGE? YES _____ NO _____

ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE A VALID WORK PERMIT? YES _____ NO _____
(Federal Law requires proof of identity and employment for all new employees.)

HAVE YOU USED A NAME THE COMPANY WOULD NEED TO KNOW TO CHECK YOUR PREVIOUS WORK AND EDUCATIONAL RECORDS? IF SO, PLEASE LIST: _____

FOR DRIVING JOB ONLY: DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____ LICENSE#: _____ STATE ISSUED _____

LIST ANY RELATIVES CURRENTLY OR PREVIOUSLY EMPLOYED BY GEM STATE PAPER AND SUPPLY: _____

EDUCATION

(Circle the last year completed)

SCHOOL NAME

MAJOR SUBJECTS

ELEMENTARY 5 6 7 8 _____

HIGH SCHOOL 1 2 3 4 _____

COLLEGE 1 2 3 4 _____

OTHER (Business, Vocational, Military) _____

IF YOU ARE AN EXPERIENCED OPERATOR OF ANY BUSINESS MACHINES OR EQUIPMENT, PLEASE LIST:

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

GEM STATE PAPER & SUPPLY IS A DRUG FREE WORKPLACE. ALL INDIVIDUALS MUST SUBMIT TO A CONTROLLED SUBSTANCE/ALCOHOL TEST PRIOR TO EMPLOYMENT.

EMPLOYMENT AT GEM STATE PAPER & SUPPLY IS AT WILL, AND EITHER THE EMPLOYEE OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.

CERTIFICATION

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, school, or persons named above to provide information regarding my employment, education, character, and qualifications.

Signature

Date