## **Sharda Paper Employment Application Form**

Interested in:				
Sales	ok-Keeping	Marketing	<b>E</b> Warehouse <b>£</b>	Driver $\square$
PLEASE PRIN' INFORMATION REI EXCEPT SIGNA	QUESTED ATURE APF	PLICATION FOR EMPLO MAY BE TESTED FOR		
PLEASE COMPLETE	E PAGES 1-5.		DATE	
Name	Last	First	Middle	Maiden
Present address	Number		ity State Zip	
How long		Socia	l Security No	
Telephone ()				
If under 18, please lis	t age			
	(1)(2)	 !	Days/hours available to work  No Pref Thur  Mon Fri  Tue Sat  Wed Sun	
How many hours can	you work weekly?		Can you work nights?	
Employment desired	□FULL-TIME ONLY	□PART-TIME O	NLY □FULL- OR PART	-TIME
When available for wo	ork?			
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School		,		
College				
Bus. or Trade School				
Professional School				
HAVE YOU EVER BE	EEN CONVICTED OF A CR	IME? 🔲 No	☐ Yes	
	r of conviction(s), nature o (s) imposed, and type(s) of		nviction(s), how recently such	offense(s) was/were

# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DI IOATION FOR THE CONTENT	<u>-</u>	

#### APPLICATION FOR EMPLOYMENT

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	AVE A DRIVE			☐ Yes					
_		ansportati	on to work	</td <td></td> <td></td> <td></td> <td></td> <td></td>					
□Chauffeu					of issue		☐ Operator	☐ Commercial	(CDL)
-	ad any accide ad any movin			-		rs?		v many? v Many?	
					OFFI	CE ONLY			
Typing Personal Computer	☐ Yes ☐ No ☐ Yes ☐ No	PC Mac	WPM		10-key	Other	Word Processing		
Please list t	wo references	s other that	an relative	s or prev	/ious emp	oloyers.			
Name						Name			
Position _									
Company									
_						_			
Telephone	( )					Telephone	· <u>(</u> )		
•	,					·	,		
space belov							tely summarize a c e your full qualificat		

### PLEASE PRINT ALL **INFORMATION REQUESTED EXCEPT SIGNATURE**

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AFFEIGATION	OR EMPLOTMENT							
MILITARY								
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No								
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No								
Specialty Date I	Specialty Date Entered Discharge Date							
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.								
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary					
City, State, Zip Code Phone number		From	Start					
		То	Final					
	Your last job title							
Reason for leaving (be specific)	•							
company.								
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary					
City, State, Zip Code Phone number		From	Start					
		То	Final					
Your Last Job Title								
Reason for leaving (be specific)								
List the jobs you held, duties performed, skills used or learned company.	d, advancements or pro	omotions while you wo	rked at this					

### PLEASE PRINT ALL **INFORMATION REQUESTED EXCEPT SIGNATURE**

Work

#### APPLICATION FOR EMPLOYMENT

	ase list your work expe ou were self-employed,					job held.
Name of employer Address				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number					From	Start
					То	Final
			Your last job title			
Reason for leaving (b	pe specific)					
company.						
				I	T	
Name of employer Address				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number					From	Start
					То	Final
				Your last job title		
Reason for leaving (b	e specific)					
List the jobs you held company.	l, duties performed, ski	ills used o	or learned,	advancements or pro	omotions while you wo	rked at this
May we contact your Did you complete this		□ Yes	□ No			