



Long Falls Paperboard, LLC.

Application for Employment

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print or type neatly and accurately. Attach supplements if necessary. **Exclude any reference which may reveal or tend to reveal your race, color, religion, national origin, creed, age or marital status.**

Equal Opportunity Policy

The policy of the Company prohibits any employment practice which in any way discriminates against any person, employee or applicant for employment with respect to compensation, terms, conditions or privileges of employment because of individual's race, color, religion, national origin, creed, age, marital status, sex, disability or any other protected category as provided by law.

PRINT CLEARLY

Date of Application		Date available for employment	
Last Name		First Name	Middle Name or Initial
Street Address			
City	State	Zip	Primary Phone
Secondary Address (if applicable)			
City	State	Zip	
E-mail Address			

1. What type position(s) are you seeking?

a.

b.

2. Are you eighteen years of age or older?

Yes No

3. Do you now, or will you at any point in the future, require Long Falls's sponsorship in order to be authorized to work for us in the U.S.?

Yes No

4. Have you ever been discharged by an employer?

Yes No

If yes, please explain

5. Have you previously worked for Long Falls?

Yes No

If yes, when, where and what position?

6. Are you available to work:
Afternoon and/or night shifts?

Yes No

Rotating shift schedules?

Yes No

Required overtime?

Yes No

7. List skills you possess which are related to the work for which you are applying.

8. Are you willing to relocate? (Salaried Positions Only)

Yes No

9. Do you have restrictions on relocating? (Salaried Positions Only)

Yes No

If yes, what are the restrictions?

Education (please list most recent first)

School Name		
City	State	Country
Did You Graduate?	Field of Major Study	Degree Awarded
Overall GPA		

List activities, honors, achievements, professional or trade organizations which you feel will be of importance in your work.

Have you ever been in a military service of the United States

Yes No

If yes, complete this section.

Branch	Major Duties
Rank at Discharge	Special Schools

Work and Employment History

List 3-most recent employers and/or 7-years of employment history only. If you have no prior experience, enter n/a into the fields below.

Is this your current employer?

To verify employment, we will not contact your current employer but will require that you submit the 2 most recent paystubs once an offer is accepted.

Dates of Employment		
From		To
Employer	Contact Name	Phone Number (For U.S. phone numbers please use (nnn) nnn-nnnn)
City	State	Country
Job Title		
Duties		
Wages or Salary Expectations		
Reason for Leaving		
Is this a prior employer and may we contact?		

Dates of Employment

From

To

Employer

Contact Name

Phone Number (For U.S. phone numbers please use (nnn) nnn-nnnn)

City

State

Country

Job Title

Duties

Wages or Salary Expectations

Reason for Leaving

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City

State

Country

Job Title

Duties

Wages or Salary Expectations

Reason for Leaving

Is this a prior employer and may we contact?

Work or educational references we may contact (e.g., former employers, supervisors, school advisors or faculty. (Please do not list relatives.)

Name Position and Company

Location Phone Number

Name Position and Company

Location Phone Number

Read Carefully

The information contained in this application and accompanying resume or any attachments that I have provided are true, correct and complete to the best of my knowledge and any misrepresentations, omissions, falsification or failure to disclose pertinent information will disqualify me from employment and if I have already been hired, will result in the termination of my employment.

I understand that employment in the position for which I have applied is contingent upon completion of a Company-paid medical examination. If I am made a conditional offer of employment, I hereby agree to submit to medical examinations and authorize any physician who has examined or treated me to give Long Falls a complete record and report.

I understand that my possible employment is conditioned upon my being physically able to perform the essential functions of the job for which I am being considered, with or without a reasonable accommodation.

I authorize: a) investigation of the information contained in this application or other matters concerning my past employment education or other activities; b) the issuance of reports or other statements which may be furnished or obtained concerning the same. I hereby release from liability and responsibility all persons, companies or corporations supplying such information and Long Falls in obtaining the same.

I hereby release any law enforcement agency, the various military services and/or their agents from liability of any kind for damages which may result from furnishing my records.

I agree to use such personal protective equipment and devices as may be required by the Company and to comply with safety rules and requirements.

I understand that any misleading or incorrect statements may render this application void and in the event of my employment would be cause for immediate termination.

In the event of employment, I understand that employment can be terminated by either party for any reason.

I understand that this application is not a contract and that my acceptance of employment is not a contract of employment for a definite term. If hired, I understand that I may resign my employment at any time, for any reason and that my employment may be terminated at the will of the Company at any time, for any reason. This at-will status may be changed only by the Company in writing. I also understand that any handbooks, manuals, policies or procedures maintained by the Company are not contractual in nature and may be amended or abolished in the sole discretion of the Company at any time.

I certify that all entries on this application and information in it are true and complete to the best of my knowledge.

Signature

Date