

Employment Application

Kaps-All Packaging Systems

200 Mill Rd. Riverhead, NY 11901

P. (631) 727-0300 F. (631) 369-5939

www.KapsAll.com

We appreciate the opportunity to review your qualifications for employment with the company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This employment application will only be valid for 30 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed.

-Thank You

Applicant Name: _____

EMPLOYMENT APPLICATION

(PLEASE PRINT AND ANSWER ALL QUESTIONS)

Kaps-All Packaging Systems and its Clients fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

POSITION APPLIED FOR: _____ DATE: _____

Personal Data

Salary expectations (Required): _____

Last Name First Middle Social Security Number

Street Address City State/Zip Code Telephone Number

Are you at least 18 years old? Yes ___ No ___ If not, state your age for child labor law purposes only: _____

Are there any days, shifts or hours you will not work? _____ If yes, please explain: _____

Are you available for out of town work? _____ Will you work overtime, if required? _____

When will you be able to start work? _____

Have you taken any illegal drugs in the last 30 days? _____

How did you learn of our Company? _____

If referral, who were you referred by: _____

Have you ever applied or worked here before? Yes ___ No ___ If yes, provide date: _____

Are you legally authorized to work in the United States: Yes ___ No ___

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes ___ No ___

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization for work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony within the last seven years? Yes ___ No ___ Date of Conviction: _____

Note: Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain on the Additional Comments section, including the penalty imposed.

Have you been convicted within the last seven years of misappropriation of funds, embezzlement or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crimes? Yes ___ No ___ If yes, please explain on the Additional Comments section.

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes ___ No ___

If yes, include nature of the intentional tort and the disposition of the action in the Additional Comments section. Note: Answering "yes" does not automatically exclude you from further consideration for the position.

Driving Record (Answer only if driving is a requirement of the job for which you are applying)

Do you have a valid drivers license? Yes ____ No ____ State _____ License No.: _____

Have you had any tickets? Yes ____ No ____ If yes, please explain: _____

Has your license ever been suspended or revoked? Yes ____ No ____ If yes, please explain: _____

Do you have any DUI or DWI convictions? Yes ____ No ____ If yes, please state when you were convicted and explain: _____

Additional Comments (Use the space below to supply any additional information relevant to the job applied for)

Education (May or may not be considered depending on job applied for)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State or Educational Institution	Graduated?		If no Degree, Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point
	Yes	No					Overall GPA
High School							
College or University							
Technical/GED/Other							
Licenses, Certifications/Other							

Honors, Awards and Fellowships Received: _____

Special Qualifications: (Licenses; skills with machines, patents or inventions; publications – do not submit copies unless requested; public speaking; memberships in professional or scientific societies; typing or shorthand speed, etc)

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

Also be sure to include supervision skills, other languages, computer skills/programs, or information regarding the career/occupation you wish to bring to the employer's attention: _____

Computer

Typing: Yes _____ No _____ _____ WPM	Word Processing: Yes _____ No _____ _____ WPM
Personal Computer: Yes _____ No _____ PC _____ Mac _____	Other Skills: _____ _____

References (Give below the names of three or four professional references, whom you have known at least one year. Do not include Relatives.)

Name:	Address and Phone Number	Business	Years Acquainted. How do you know this person?
1.			
2.			
3.			
4.			

Employment History

(Please complete for all full-time or part-time employment beginning with most recent employer)

Company Name	Telephone #			
Address	Dates Employed	From	To	
Name of Supervisor	May we contact? Yes _____ No _____	Rate of Pay	Start	Last

State job titles and describe job duties

Reason for leaving

Company Name

Telephone #

Address

Dates Employed

From

To

Name of Supervisor

May we contact? Yes ___ No ___

Rate of Pay

Start

Last

State job titles and describe job duties

Reason for leaving

Company Name

Telephone #

Address

Dates Employed

From

To

Name of Supervisor

May we contact? Yes ___ No ___

Rate of Pay

Start

Last

State job titles and describe job duties

Reason for leaving

Company Name

Telephone #

Address

Dates Employed

From

To

Name of Supervisor

May we contact? Yes ___ No ___

Rate of Pay

Start

Last

State job titles and describe job duties

Reason for leaving

Please explain any gaps in your employment history. _____

Have you ever been discharged or forced to resign? Yes ___ No ___ If yes, explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes ____ No ____ If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes ____ No ____ If yes, what was the range of scores used and what was your score? _____

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company?

Yes ____ No ____ If yes, please explain: _____
(You may be required to furnish a copy of the agreement)

Military (Complete only if you served in the military)

Branch of Service: _____ Number of Years/Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____ Reason for leaving: _____

Describe any military skills, training or experience you believe are relevant to the job applied for: _____

APPLICANT'S ACKNOWLEDGMENT:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer(s).

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I further authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I authorize the company to investigate, verify and discuss all information set forth in my application, by contacting my prior employers and other references set forth above, and by any and all other means authorized or permitted by law, including any consumer and criminal background checks. I authorize the Company to request and obtain job-related information such as consumer reports, credit reports, investigative reports, and motor vehicle driving records, and make any other inquiries as to my character, reputation and ability as necessary for the Company to consider and evaluate my application for employment. I authorize any entity or person named in this application to provide the Company with any and all information in their possession, custody, or control regarding me, whether or not it is in their records, and to provide the Company with information that may be requested by the Company. I hereby release and agree to hold harmless the Company and its employees and agents from any and all claims that may arise as a result of taking any actions described herein. In addition, I hereby release and agree to hold harmless any and all individuals and entities who provide any information concerning me whether orally or in writing, in response to a request for such information from the company. A photocopy of this authorization shall be deemed as valid as the original.

If I am employed at Kaps-All Packaging Systems I will comply with all policies, rules and regulations implemented by the company. I recognize that violation or non-compliance with any such policies, rules and regulations, or inappropriate or improper conduct or performance, may result in discipline up to and including termination of employment.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30-day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature: _____ Date: _____