

Northwoods Paper Converting, Inc.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER!

Name: _____ Date filling out application: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

AVAILABILITY:

Are you legally able to be employed in this country? Yes No (If hired, verification will be required by law)

Are you able to get to work on time everyday? Yes No

Are you 18 years or older? Yes No

Have you been convicted* of a felony? Yes No (*Conviction will not necessarily disqualify an applicant from employment)

Hours available for work:

| | MON | TUES | WED | THUR | FRI | SAT | SUN |
|------|-----|------|-----|------|-----|-----|-----|
| FROM | | | | | | | |
| TO | | | | | | | |

What type of employment preferred? Full Time Part Time

Date available to start: _____

EDUCATION:

| | NAME | LOCATION | MAJOR | GRADUATED YES/NO | DEGREE EARNED |
|---|------|----------|-------|---------------------|------------------|
| High School | | | | | |
| College, University, Technical School or Military | | | | | |
| | | | | | |
| | | | | | |
| Other Relevant Training | | | | | |

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EMPLOYMENT: Please start with the most recent job first.

| | | |
|--|-------------------|-------------------------------|
| Company: _____ | Address: _____ | Phone: _____ |
| Position: _____ | Supervisor: _____ | Dates work: From ____ To ____ |
| Wage: _____ Reason for leaving: _____ | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Company: _____ | Address: _____ | Phone: _____ |
| Position: _____ | Supervisor: _____ | Dates work: From ____ To ____ |
| Wage: _____ Reason for leaving: _____ | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Company: _____ | Address: _____ | Phone: _____ |
| Position: _____ | Supervisor: _____ | Dates work: From ____ To ____ |
| Wage: _____ Reason for leaving: _____ | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

REFERENCES: Work related only. Do not use family members.

| Name and Working Relationship | Address | Telephone number | |
|-------------------------------|---------|------------------|------|
| | | Work | Home |
| | | | |
| | | | |
| | | | |
| | | | |

PLEASE READ THE PARAGRAPHS BELOW CAREFULLY BEFORE SIGNING

If you have any questions regarding this statement, please discuss with a Human Resources Representative before signing.

I certify that my answers to the questions are true to the best of my knowledge and I am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization's service. I voluntarily give Northwoods Paper Converting, Inc. the right to make a thorough investigation of my past employment, agree to cooperate in such investigation and release from all liability of responsibility all persons, companies or corporations supplying such information.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.

It is hereby understood and acknowledged that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If employed, I agreed to work the hours, days and shifts as scheduled by management and consent to take the pre-placement examination and such future physical and drug examinations as may be required by Northwood Paper Converting, Inc.

APPLICANT SIGNATURE

DATE

Please mail completed application to:

Northwoods Paper Converting, Inc.
Attn: Human Resources
230 Corporate Drive
Beaver Dam, WI 53916