



SHEBOYGAN PAPER BOX COMPANY  
716 Clara Avenue (53081)  
PO Box 326  
Sheboygan WI 53082-0326  
920.458.8373

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# APPLICATION FOR FULL-TIME EMPLOYMENT

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

## As a condition of Employment, SPBCo conducts Pre-Employment Background Checks and Drug Testing.

POSITION(S) APPLIED FOR				APPLICATION DATE	
LAST NAME			FIRST NAME		MIDDLE INITIAL
ADDRESS		CITY		STATE	ZIP
TELEPHONE (HOME)		TELEPHONE (CELL)	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NO. (IF APPLICABLE*)
EMAIL ADDRESS		DATE AVAILABLE FOR WORK	We only offer Full-Time Employment		
Were you previously employed by this organization?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, Date(s) Department/Position					
List any relative or friends working for this organization: NAME RELATIONSHIP					
_____					
_____					
_____					
<b>WORK EXPERIENCE – LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT</b>					
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS			TELEPHONE
LAST POSITION HELD		DESCRIBE YOUR WORK			
SUPERVISOR'S NAME					
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING		
		_____ per _____			
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS			TELEPHONE
LAST POSITION HELD		DESCRIBE YOUR WORK			
SUPERVISOR'S NAME					
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING		
		_____ per _____			
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS			TELEPHONE
LAST POSITION HELD		DESCRIBE YOUR WORK			
SUPERVISOR'S NAME					
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING		
		_____ per _____			
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS			TELEPHONE
LAST POSITION HELD		DESCRIBE YOUR WORK			
SUPERVISOR'S NAME					
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING		
		_____ per _____			
May we contact the above employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate which one(s) you do not wish us to contact.					
Have you served an apprenticeship? <input type="checkbox"/> No <input type="checkbox"/> Yes		TYPE OF TRADE		DATES	
If Yes, where?					

\*Applicable only if position for which you have applied may require a motor vehicle.

Continued on Other Side

SPB0303 5/4/18

**SPECIAL SKILLS AND QUALIFICATIONS – MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES  
RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED**

**EDUCATION**

SCHOOL	LOCATION	NO. OF YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY	
HIGH SCHOOL					
COLLEGE				MAJOR	DEGREE
OTHER					

**REFERENCES**

NAME AND ADDRESS	RELATIONSHIP	TELEPHONE	YEARS KNOWN

**MISCELLANEOUS INFORMATION**

Have you ever been convicted of a crime? \* ☐ Yes ☐ No

\*A conviction will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking. If you answered yes to the question above, please list the dates of the convictions, the prosecuting agencies, and the offenses.

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? ☐ Yes ☐ No  
If you are under 18, are you able to furnish a work permit? ☐ Yes ☐ No

**APPLICANT'S CERTIFICATION – Please read carefully before signing.**

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character and ability.

I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement.

I understand and agree that, if I am employed, I will be an **at-will** employee and the Company may terminate my employment at any time and for any or no reason without prior notice.

APPLICANT'S SIGNATURE

DATE

**DO NOT WRITE BELOW – FOR COMPANY USE ONLY**

INTERVIEW ☐ NO

☐ YES

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Interviewed By:

Acceptable for Employment? ☐ Yes ☐ No

DEPT.

CLOCK NO.

OCCUPATION

RATE