

Application for Employment

To be considered for employment, fill out this form completely and deliver to the HR office at Bancroft Bag headquarters.

Personal Information		Date:			
Name:	Last	First	Middle	Social Security No.	
Present Address:	Street/Apt.	City	State	Zip	Years Resided
Phone Numbers:	Home Number	Cell	Email		
Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for a job with Bancroft Bag in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If offered employment, can you provide sufficient documentation to show that you are a US citizen or that you are legally employable in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Bancroft Bag?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If the job requires operation of a vehicle, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State	Driver's License No.	Exp. Date	
Employment Desired	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Temporary		
Date you can start:					
Referred By:	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Online
List of friends or relatives who work at Bancroft Bag:	1.		2.		
	3.		4.		
Education	Name & Location of School	Years attended	Did you graduate?	Major and degree received for subjects studied	
High School					
College					
Trade/Business/ Correspondence School					

Application for Employment

To be considered for employment, fill out this form completely and deliver to the HR office at Bancroft Bag headquarters.

Former Employer					
List below your last two employers, starting with the last one first. Must be filled out completely in order to be considered for employment.					
	Name of Employer	Hourly Wage	Supervisor Phone No.	Duties	Reason for leaving
Start Date: __/__/__ End Date: __/__/__		\$			
Start Date: __/__/__ End Date: __/__/__		\$			
May we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Professional References					
Give the names of two persons, not related to you, whom you have known at least one year.					
	Title	Email	Address	Telephone	Years Acquainted
1.					
2.					
In case of emergency, please notify:	Name	Relationship	Address	Phone No.	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (A felony, by itself, will not disqualify you from further consideration. The information you provide will be evaluated to determine your overall qualifications for the job you are seeking.)					
If yes, please explain:					

Application for Employment

To be considered for employment, fill out this form completely and deliver to the HR office at Bancroft Bag headquarters.

I authorize the Company to verify all statements contained in this application and acknowledge that I have provided a complete list of my academic background and all former employers. I authorize Bancroft Bag, Inc. to conduct a complete investigation of my prior academic and employment records, except as limited above for present employer. I authorize each of the employers identified to disclose (including but not limited to) the following upon request: (1) The fact of my past employment; (2) Dates of employment; (3) Titles or positions; (4) Wage or salary; and (5) The reasons for and the circumstances surrounding my separation of employment.

I also authorize Bancroft Bag, Inc., to check for criminal convictions, in connection with my application and/or employment with Bancroft Bag, Inc.. I agree to provide my date of birth for this purpose.

I agree to hold harmless, and to waive any claims I may have against Bancroft Bag, Inc., and any and all of my former employers, whether or not identified in my application, and each of their employees, officers, shareholders and agents, for any loss or injury I may sustain as a result of any disclosure made in accordance with this release.

I understand employment is contingent upon being qualified for the position, being able to perform the essential functions of the job with or without reasonable accommodation and satisfactory results from a pre-employment drug/alcohol screen. I also understand that, if employed, I may be required to undergo drug screens at the Company's discretion in accordance with the Company's policies.

I certify that all information provided by me on this application is true and complete, and I agree that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if discovered after I am employed, my employment may be terminated immediately.

If employed by the Company, I agree to comply with all Company rules, policies and procedures. If employed by the Company, I understand that my employment is for no specified term, and that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or myself.

Applicant Signature: _____

Date: _____