

# Application for Employment

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

<b>Personal Information</b>				<b>Date:</b>		
<b>Name:</b>	Last	First	Middle	Social Security No.		
<b>Present Address:</b>	Street/Apt.	City	State	Zip		
<b>Phone Numbers:</b>	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	
			If yes, date: ____ / ____ / ____			
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? If yes, date: ____ / ____ / ____	<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	
<b>Employment Desired</b>	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Temporary			
<b>Date you can start:</b>						
<b>Referred By:</b>	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Online	<input type="checkbox"/> Other
<b>Name of Source:</b> _____						
<b>List of friends or relatives who work at Bancroft Bag:</b>	1.		2.			
	3.		4.			
<b>Education</b>	<b>Name &amp; Location of School</b>	<b>Years attended</b>	<b>Did you graduate?</b>	<b>Major and degree received for subjects studied</b>		
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.

<b>Former Employers</b>					
List below your last two employers, starting with the last one first. <b>Must be filled out completely in order to be considered for employment.</b>					
	Name of Employer	Hourly Wage	Supervisor Name & Phone No.	Duties	Reason for leaving
<b>Start Date:</b> ____/____/____ <b>End Date:</b> ____/____/____		\$			
<b>Start Date:</b> ____/____/____ <b>End Date:</b> ____/____/____		\$			
<b>May we contact your present employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Professional References</b>					
Give the names of two persons, <i>not</i> related to you, whom you have known at least one year.					
Name	Relationship	Telephone	Email	Years Acquainted	
1.					
2.					
In case of emergency, please notify:	Name	Relationship	Address	Phone No.	
<b>Have you ever been convicted of a felony?</b> <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.)					
<b>If yes, please explain:</b>					

---

## 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:** \_\_\_\_\_

**PLEASE READ CAREFULLY:****APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

We truly welcome your application with Bancroft Bag, Inc. (Hereinafter referred to as Company.) We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized Professionals. In pursuit of that excellence we require, as a condition of employment and/or continued employment, that all applicants consent to and authorize a pre-employment verification of their background, including, but not limited to, information submitted on their application or resumé.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, require that I submit to be tested for the presence of drugs or alcohol, investigate worker's compensation claims and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any information as deemed necessary to fulfill the job requirements.

I authorize any company selected by Bancroft Bag, and any of its agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview the designated authorized representatives of the Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and Agencies to provide Bancroft's selected agent(s) with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, its selected agent(s) and their associates to the full extent permitted by law from claims, damages, costs, and expenses, for any errors, omissions or any other charge or complaint filed with any agency arising from the retrieving and reporting of information

**APPLICANT:**

Applicant signature: \_\_\_\_\_

SSN#: \_\_\_\_\_

Name typed or printed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

License#: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_

NOTE: Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring decision.