

TRIMPAC, INC.

M407 Mann Street • Marshfield, WI 54449

OFFICE: (715) 384-4144

WORK APPLICATION

Date: _____

PLEASE PRINT OR TYPE ALL INFORMATION

Last Name	First Name	Middle
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Application for Position of:	Date Available
Present Address - Number, Street, City, State, Zip Code	Home Phone (Include Area Code)
Mailing Address (If different from above)-Number, Street, City, State, Zip Code	Business Phone (Include Area Code)

What hours are you NOT available to work? (AM or PM)	What days are you NOT available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Types of Employment Preferred (check more than one box if desired) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

- Do you have access to a car? (For some positions, a vehicle is required)..... Yes No
- Do you have a valid driver's license?..... Yes No
- Are you over age 18?..... Yes No
- Are you a U.S. Citizen, or do you have a entry permit which allows you to work?..... Yes No

Circle the highest grade or year completed in School? 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School
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TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.)	Circle the number of years in College or University: 1 2 3 4 5 6 7 8
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NAME AND LOCATION	DATES ATTENDED		Credits Earned	Major Field	GPA/ Base	Degree (and Year) Conferred
	From	To				

Other experiences, skills or qualifications relevant to the job which you are applying.

Were you previously employed by us?..... Yes No
 If yes, when? _____

Please list any friends or relatives working for us:

Have you ever been convicted of a felony?..... Yes No
 If yes, explain? _____

Please list below all present and past employment, beginning with your most recent.

#1

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO YR	TO MO YR	PLEASE DESCRIBE THE WORK YOU DID	STARTING SALARY	LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
TELEPHONE							

#2

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO YR	TO MO YR	PLEASE DESCRIBE THE WORK YOU DID	STARTING SALARY	LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
TELEPHONE							

#3

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO YR	TO MO YR	PLEASE DESCRIBE THE WORK YOU DID	STARTING SALARY	LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
TELEPHONE							

#4

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO YR	TO MO YR	PLEASE DESCRIBE THE WORK YOU DID	STARTING SALARY	LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
TELEPHONE							

#5

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO YR	TO MO YR	PLEASE DESCRIBE THE WORK YOU DID	STARTING SALARY	LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
TELEPHONE							

May we communicate with your present employer? Yes No

Personal References (Not Former Employers or Relatives).

NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions can lead to immediate dismissal, and I agree that the Company shall not be held liable in any respect if my employment is terminated for that reason. You are hereby authorized to verify the information I have supplied and conduct any investigation history including a criminal background check. I further understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause.

(Sign Here)

Date