

SIERRA PACIFIC PACKAGING INC.

525 Airport Parkway
 Oroville, CA 95965
 P. 530.533.1058 x. 146



Employment Application

DATE:

| PERSONAL | | | | | | | | | | |
|--|--|------|----------------------------|-------------|--------------|--|---|------------------------|------------------|--|
| Full Name : | | Last | First | Middle | | | | | | |
| Street Address | | | City | | State | | | Zip Code | | |
| Telephone Number. | | | Alternate Telephone Number | | | Is your age under 18? (Circle One) | | | | |
| | | | | | | YES | | NO | | |
| If hired, can you provide verification of your right to work in the U.S.A. and a Social Security Number? | | | | | | | | | | |
| YES | | | | | NO | | | | | |
| Have you ever worked at SPPI before? | | | Where and When | | | How were you referred to SPPI? | | | | |
| YES | | | NO | | | | | | | |
| Give the names of any friends/relatives employed by SPPI | | | | | | | | | | |
| Name | | | | | Relationship | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| EMPLOYMENT INTERESTS | | | | | | | | | | |
| Type of Employment Desired | | | Shifts Available | | | Wage Desired | | Can you work overtime? | | |
| Regular Part-Time Summer | | | 1st 2nd 3rd | | | \$ | | Yes No | | |
| Position Applying For | | | Date Available | | | Days you are available to work (Circle All That Apply) | | | | |
| | | | | | | M T W TH F SAT SUN | | | | |
| Describe Specialized Skills | | | | | | | | | | |
| | | | | | | | | | | |
| EDUCATION | | | | | | | | | | |
| Select the Highest Grade Completed | | | | High School | | | | College | | |
| In Each School Category | | | | 9 10 11 12 | | | | 1 2 3 4 | | |
| Name and Location of High School | | | | | | | | | | |
| | | | | | | | | | | |
| Name and Location of College, Trade or Business School | | | Fields of Study | | | | Graduation Degree or Certificate Received | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Military | | | | | | | | | | |
| Branch of the Military Service | | | From (Mo./Yr) to (Mo./Yr) | | | | Rank on Discharge | | Discharge Status | |
| | | | | | | | | | | |
| Position(s) Held | | | Responsibilities | | | | | | | |
| | | | | | | | | | | |
| Describe Specialized Training You Received | | | | | | | | | | |
| | | | | | | | | | | |

EXPERIENCE

Please list all employment starting with most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces.

| Date | Employment | 1. Job Title 2. Department 3. Supervisor 4. Shift Worked | Describe Major Duties | Wages | Reason For Leaving |
|-------|----------------|---|-----------------------|-------------|--------------------|
| FROM: | EMPLOYER _____ | 1 | | STARTING | |
| | | 2 | | \$ _____ HR | |
| TO: | ADDRESS _____ | 3 | | FINAL | |
| | | 4 | | \$ _____ HR | |
| | PHONE _____ | | | | |
| FROM: | EMPLOYER _____ | 1 | | STARTING | |
| | | 2 | | \$ _____ HR | |
| TO: | ADDRESS _____ | 3 | | FINAL | |
| | | 4 | | \$ _____ HR | |
| | PHONE _____ | | | | |
| FROM: | EMPLOYER _____ | 1 | | STARTING | |
| | | 2 | | \$ _____ HR | |
| TO: | ADDRESS _____ | 3 | | FINAL | |
| | | 4 | | \$ _____ HR | |
| | PHONE _____ | | | | |
| FROM: | EMPLOYER _____ | 1 | | STARTING | |
| | | 2 | | \$ _____ HR | |
| TO: | ADDRESS _____ | 3 | | FINAL | |
| | | 4 | | \$ _____ HR | |
| | PHONE _____ | | | | |

ADDITIONAL INFORMATION

MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO
 HAVE YOU EVER BEEN CONVICTED OF A FELONY (EXCLUDES CONVICTIONS AS A MINOR)?
 YES NO

NOTE: CONVICTION IS NOT NECESSARILY A DISQUALIFICATION

APPLICANT MAY USE THIS SPACE FOR ADDITIONAL COMMENTS:

1. TRUTHFUL APPLICATION I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND I HAVE NOT KNOWINGLY WITHHELD ANY FACTS THAT MIGHT AFFECT THE COMPANY'S DECISION TO EMPLOY ME. I AM AWARE THAT ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR TERMINATION OF EMPLOYMENT.

2. CONSENT TO EMPLOYMENT VERIFICATION I AGREE THAT SPPI MAY OBTAIN ADDITIONAL INFORMATION FROM MY FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS. I HEREBY RELEASE FROM ALL LIABILITY ANY PERSON OR ORGANIZATION FURNISHING SUCH INFORMATION.

3. TERMS OF EMPLOYMENT IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S POLICIES RULES AND REGULATIONS. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS AT WILL AND THEREFORE MY EMPLOYMENT AND COMPENSATION CAN TERMINATE WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT MY OPTION OR THE COMPANY'S OPTION. I FURTHER UNDERSTAND AND AGREE THAT THIS AT WILL EMPLOYMENT RELATIONSHIP AS DEFINED ABOVE WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT WITH THE COMPANY, OR ANY OF ITS PARENT OR AFFILIATED COMPANIES, UNLESS IT IS MODIFIED BY A SPECIFIC EXPRESSED WRITTEN EMPLOYMENT CONTRACT WHICH IS SIGNED BY THE PRESIDENT OF THE COMPANY AND ME.

PLEASE READ THE ABOVE STATEMENT AND SIGN TO INDICATE YOUR AGREEMENT.

SIGNATURE: _____ DATE: _____



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