



Application for Employment

Please fill our form completely for employment consideration. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are a drug-free workplace, and an equal opportunity employer.

| | | |
|--|-----------------|--|
| Last Name, First Name, Middle Initial | | Date |
| Address | | |
| Phone Number | Email Address | Are you over 18? yes <input type="checkbox"/> no <input type="checkbox"/> |
| If less than two years at current address, previous address: | | |
| Are you legally eligible for employment in the United States? | | |
| Are you employed now? If so, may we inquire of your present employer? | | |
| Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? | | |
| How did you learn about East Coast Paper Stock? | | |
| Position applying for: | Desired Salary: | |
| Have you ever applied for employment with us? If so, when? | | |

Education

| School | Name and Location of School | Course of Study | No. of Years Complete | Did You Grad? | Degree or Diploma |
|--------|-----------------------------|-----------------|-----------------------|---------------|-------------------|
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Military

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|--|-------------------------------|
| Complete this section if you served in the U.S. Armed Forces | Branch of Service |
| Describe your duties and any special training | Period of Active Duty (mo/yr) |
| | Rank at Discharge |
| | Date of Final Discharge |

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

| | |
|--|---------------------------------|
| Company Name | Telephone |
| Address | Employed (mo/yr) |
| | From To |
| Name of Supervisor | Hourly Rate |
| Start Job Title and Describe Your Work | Start Last |
| | Reason for Leaving |

| |
|--|
| Company Name |
| Address |
| Name of Supervisor |
| Start Job Title and Describe Your Work |

| |
|---------------------------------|
| Telephone |
| Employed (mo/yr) |
| From To |
| Hourly Rate |
| Start Last |
| Reason for Leaving |

| |
|--|
| Company Name |
| Address |
| Name of Supervisor |
| Start Job Title and Describe Your Work |

| |
|---------------------------------|
| Telephone |
| Employed (mo/yr) |
| From To |
| Hourly Rate |
| Start Last |
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| Company Name |
| Address |
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| Start Job Title and Describe Your Work |

| |
|---------------------------------|
| Telephone |
| Employed (mo/yr) |
| From To |
| Hourly Rate |
| Start Last |
| Reason for Leaving |

Is there any reason for which you might not be able to perform the job duties (with reasonable accommodation)?

Yes No If yes, please explain:

| | | |
|------------------------|-------|--|
| Drivers License Number | State | Any Violations? |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Drug/Alcohol Policy

I understand that this organization has a commitment to maintain an alcohol/drug-free workplace and also requires a pre-employment drug screening test as part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample designed to detect traceable amounts of a controlled substance. I understand that if applying for a driving position that requires a CDL, I will be tested for alcohol in addition to drugs. This test must be administered within one hour of notification of consideration for employment. If any detectable amounts are found, or the test not administered within the time allocated, I will be disqualified from consideration for employment and any offer of employment withdrawn, I further understand and agree that if I am employed, I may be required to submit to alcohol and/or drug testing under certain circumstances during my employment. If result from any of these tests detects controlled substances or alcohol I will be immediately discharged. I have read, understand, and agree to the statement above.

Signature of Applicant

Date

Maintenance Department

Check the position you are applying for: Mechanic
 Welder
 Painter

How many years experience in this field? _____

Are you certified in this field? _____

Do you own your own tools? If yes, give the brand(s) and types of tools:

Do you purchase new tools on a regular basis? Yes
 No

Do you have a valid Florida CDL Drivers License? Yes
 No

If yes, what class? A B C D Circle One

| |
|--|
| Summarize special job-related skills and qualifications acquired from employment or other experience. Also state any additional information you feel may be helpful to us in considering your application. |
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Driver

Do you have a valid Florida CDL Drivers License? Yes
 No

How many years have you held a CDL License? _____

List any traffic violations within the past three years:

List any accidents within the past three years:

Has your Drivers License ever been revoked or suspended? Yes
 No

If yes, explain: _____

Do you have a current DOT Medical Card? Yes
 No

Check all vehicles that you have operated, and the amount of experience with each one:

Tractor Trailer _____ Straight Truck _____ Roll-off Truck _____
 Front Loader _____ Crane _____ Forklift _____
(Garbage Truck)

Summarize special job-related skills and qualifications acquired from employment or other experience. Also state any additional information you feel may be helpful to us in considering your application.

Recycling Plant

Have you worked in the recycling field? Yes
 No

If yes, explain: _____

Have you operated baling equipment? Yes
 No

If yes, explain: _____

Have you operated a forklift, skid loader,
or wheel loader? Yes
 No

If yes, explain: _____

Summarize special job-related skills and qualifications acquired from employment or other experience. Also state any additional information you feel may be helpful to us in considering your application.

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