



OLMSTED-KIRK PAPER COMPANY

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Olmsted-Kirk Paper Company is an equal opportunity employer and does not discriminate against applicants or employees because of race, color, religion, sex, national origin, age, citizenship status, disability status, veteran status, membership or application for membership in a uniformed service, participation in activity protected by applicable law, or other characteristic protected by applicable law.

FOR COMPANY USE ONLY	
EMPLOYEE # _____	HIRE DATE _____
BRANCH _____	REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
DEPT. _____	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
JOB TITLE _____	O.T. PREMIUM yes <input type="checkbox"/> no <input type="checkbox"/>
EEO-1 CATEGORY _____	SALARY _____

PERSONAL

PLEASE PRINT IN INK
SOCIAL SECURITY NO. - -

NAME _____ DATE _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ HOME PHONE _____
STREET CITY STATE ZIP

PREVIOUS ADDRESS _____ ALTERNATE PHONE _____
STREET CITY STATE ZIP

POSITION APPLIED FOR _____

PRIOR APPLICATION FOR EMPLOYMENT WITH OLMSTED-KIRK? YES NO If yes, when? _____

EDUCATION

	NAME OF SCHOOL	ADDRESS-CITY-STATE-ZIP	NUMBER OF YEARS ATTENDED	GRADUATED YES / NO	MAJOR COURSE OF STUDIES
HIGH SCHOOL					
COLLEGE					
COLLEGE					
TECHNICAL, BUSINESS OR OTHER					

PREVIOUS EMPLOYMENT

All time must be accounted for, whether employed or not. Do not include military service. List below the names of all your employers, beginning with the most recent. Use back page of this application if necessary.
 A. Company Name. B. Street. C. City, State, Zip.

	COMPANY'S TELEPHONE NUMBER	EMPLOYED		POSITION	SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM MO / YR	TO MO / YR				
1 A. _____ B. _____ C. _____	()						
2 A. _____ B. _____ C. _____	()						
3 A. _____ B. _____ C. _____	()						
4 A. _____ B. _____ C. _____	()						
5 A. _____ B. _____ C. _____	()						

May we contact your current employer? YES NO N/A

Have you ever been discharged or asked to resign from a previous employer? YES NO If yes, when?
 Give details _____

Olmsted-Kirk has an attendance policy that requires employees to come to work on time each day and avoid unnecessary absences.
 If hired, would you have any difficulty in complying with this policy? YES NO

MILITARY

U.S. MILITARY SERVICE
 Date of first induction ____ / ____ / ____ Date of last separation ____ / ____ / ____ Specialty _____
 Service Schools _____

MISCELLANEOUS

Are you able to perform the functions of the job for which you are applying as described or demonstrated to you or as listed on the job description, if one has been provided to you, with or without reasonable accommodation? YES NO

Have you ever been convicted of a crime (excluding minor traffic violations)? YES NO

If yes, provide complete details, including the date of conviction and incarceration, if any, and disposition, including any suspended sentence, fines, probation, deferred adjudication, or similar disposition. Conviction of a crime is not an absolute bar to employment. All relevant circumstances, such as how long ago the conviction occurred and the crime involved, will be considered in relation to specific job requirements. _____

Are you legally authorized to work in the United States? YES NO

If offered a position by the Company, you will be required to provide documentation that proves your identity and employment eligibility.

PERSONAL REFERENCES
(Other Than Employer
or Relatives)

NAME	TELEPHONE NUMBER	YEARS KNOWN
	()	
	()	
	()	

OFFICE OR SPECIAL SKILLS

TYPING SPEED wpm. SWITCHBOARD YES NO What type?

COMPUTER SOFTWARE SKILLS (LIST):

List any special skills or qualifications possessed by you that relate to the position(s) for which you are applying _____

APPLICANT'S CERTIFICATION AND RELEASE

I certify that I completed this application and that all entries and information provided by me are true and complete, to the best of my knowledge. I understand that any misstatement, omission, falsification, or misrepresentation of fact in this application may disqualify me from consideration for employment or, if I am hired, may result in disciplinary action up to and including termination of employment.

I understand and agree that Olmsted-Kirk Paper Company ("Olmsted-Kirk"), as a condition of employment, will require me to submit to a preemployment drug test and/or medical examination conducted by qualified medical personnel after an offer of employment has been made and before the commencement of any job duties. I further acknowledge and agree that any offer of employment I receive from Olmsted-Kirk is conditioned on the results of any required preemployment drug test or medical examination, in accordance with applicable law. I also authorize Olmsted-Kirk, in order to evaluate me for employment purposes and to verify any information I provide during the hiring process, to contact all law enforcement agencies, any or all of my previous employers, references, and educational institutions, and otherwise to fully investigate my suitability for employment, character, general reputation, criminal history (if any), personal characteristics, mode of living, work habits, skills, and/or abilities, including contacting a consumer reporting agency of its choice. I consent to the disclosure of any such information to Olmsted-Kirk by those entities. I understand that the results of any preemployment drug test, medical examination, and background investigation may be disclosed to personnel of Olmsted-Kirk involved in the employment decision, and I consent to such disclosures.

IN CONNECTION WITH AND IN CONSIDERATION OF OLMSTED-KIRK'S REVIEW OF THIS APPLICATION FOR EMPLOYMENT AND CONSIDERATION OF ME FOR HIRE, I RELEASE AND HOLD HARMLESS THE "RELEASED PARTIES," WHICH ARE OLMSTED-KIRK PAPER COMPANY AND ANY PARENT, SUBSIDIARY, OR AFFILIATED COMPANIES, THEIR OFFICERS, DIRECTORS, MANAGERS, SUPERVISORS, EMPLOYEES, AGENTS, AND ANY OTHER INDIVIDUAL OR ENTITY THAT REQUESTS OR SUPPLIES INFORMATION IN CONNECTION WITH ANY PREEMPLOYMENT DRUG TEST, MEDICAL EXAMINATION, OR BACKGROUND CHECK FROM ALL LIABILITY FOR ANY INJURY OR DAMAGE OF ANY NATURE, INCLUDING LIABILITY FOR ANY INJURY OR DAMAGE RESULTING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASED PARTIES, THAT I MAY SUSTAIN ARISING OUT OF ANY PREEMPLOYMENT DRUG TEST, MEDICAL EXAMINATION, OR BACKGROUND CHECK.

I further acknowledge and agree that this employment application is not a contract or a legal guarantee of employment. If hired by Olmsted-Kirk, I understand that my employment will be at will and not for any specific term, and that either Olmsted-Kirk or I may terminate my employment at any time, with or without reason or advance notice. I understand that no officer, director, manager, supervisor, employee, or agent of Olmsted-Kirk, other than the President or Chairman of the Board, has the authority to enter into any agreement, oral or written, for employment for a specified period of time or to make any statement contrary to the provisions outlined above.

If hired, I acknowledge that, as a condition of employment, I must comply with all rules, regulations, personnel policies and operating procedures established by Olmsted-Kirk.

I acknowledge receipt of my personal copy of this Applicant's Certification and Release.

I have read in full and understand the above statements and conditions of employment, and I execute this Applicant's Certification and Release knowingly and voluntarily.

Applicant's Signature

Date

OLMSTED-KIRK PAPER COMPANY
EEO STATISTICAL DATA FORM AND INVITATION TO SELF-IDENTIFY
 (Complete before an offer of employment is made)

Olmsted-Kirk Paper Company (the "Company") is an equal opportunity employer and does not discriminate against applicants or employees because of race, color, religion, sex, national origin, age, citizenship status, disability status, veteran status, membership or application for membership in a uniformed service, participation in activity protected by applicable law, or other characteristic protected by applicable law.

The Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their gender, race or ethnicity, and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please print.

Name: _____ Date: _____

Position/Title(s) Applying For: _____

- Referral Source: Posted Job Announcement
 State Employment Service
 Current Employment
 Friend
 Professional Publication (specify) _____
 Newspaper (specify) _____
 Walk-In
 Other (specify) _____

What is your sex? Male Female

What is your ethnic/racial group? (check all that apply) Please use the descriptions of ethnic/racial origins on the following page to identify yourself:

- Hispanic or Latino
 If not Hispanic or Latino, then identify your race as follows
- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Two or More Races |

Are you a Vietnam Era veteran or other eligible veteran? (check all that apply) Please use the descriptions on the back of this page to identify yourself.

- Vietnam ERA Veteran
 Other Eligible Veteran

COMPANY USE ONLY

DISPOSITION AND REASON: [CHECK ALL THAT APPLY]

COMPANY USE ONLY

- | | | |
|----|--------------------------|---|
| 10 | <input type="checkbox"/> | HIRED |
| 11 | <input type="checkbox"/> | POSITION NOT AVAILABLE |
| 12 | <input type="checkbox"/> | DOES NOT MEET REQUIREMENTS OF JOB |
| 13 | <input type="checkbox"/> | LACK OF NECESSARY EXPERIENCE |
| 14 | <input type="checkbox"/> | APPLICATION NOT COMPLETE |
| 15 | <input type="checkbox"/> | FALSIFIED EMPLOYMENT APPLICATION |
| 16 | <input type="checkbox"/> | UNACCEPTABLE WORK RECORD |
| 17 | <input type="checkbox"/> | UNSATISFACTORY REFERENCE(S) |
| 18 | <input type="checkbox"/> | FAILED DRUG TEST |
| 19 | <input type="checkbox"/> | UNACCEPTABLE DRIVING RECORD |
| 20 | <input type="checkbox"/> | HIRED BETTER CANDIDATE |
| 21 | <input type="checkbox"/> | SALARY REQUIREMENTS TOO HIGH |
| 22 | <input type="checkbox"/> | APPLICANT NOT AVAILABLE FOR REQUIRED HOURS |
| 23 | <input type="checkbox"/> | APPLICANT NOT AVAILABLE FOR REQUIRED LOCATION |
| 24 | <input type="checkbox"/> | APPLICANT FAILED TO APPEAR FOR SCHEDULED INTERVIEW |
| 25 | <input type="checkbox"/> | APPLICANT NOT INTERESTED IN POSITION |
| 26 | <input type="checkbox"/> | APPLICANT DECLINED OFFER |
| 27 | <input type="checkbox"/> | APPLICANT OFFERED POSITION BUT FAILED TO SHOW UP |
| 28 | <input type="checkbox"/> | POSES A DIRECT THREAT TO THE HEALTH AND SAFETY OF HIMSELF/HERSELF OR OTHERS |
| 29 | <input type="checkbox"/> | CANNOT DOCUMENT IF HE/SHE IS LEGALLY AUTHORIZED TO WORK IN THE U.S. |
| 30 | <input type="checkbox"/> | OTHER: EXPLAIN _____ |

COMPLETED BY: _____