

**Application for Employment  
(Warehouse & Other Positions)**



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, genetic information, or non-job related disability.

Answer all questions. Please print or type.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ How Long?: \_\_\_\_\_

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Please list your addresses of residency for the past 3 years.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ How Long?: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ How Long?: \_\_\_\_\_

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Are you legally eligible to work in the U.S.?  Yes  No

Date of Birth: \_\_\_\_\_

Were you referred?  Yes  No If yes, by whom? \_\_\_\_\_

Is there any reason you might be unable to perform the duties of the job for which you have applied, as described in the job description, and if yes, explain if you wish: \_\_\_\_\_

Have you ever been discharged or resigned from a job because your employer indicated they believed you were involved in workplace incidents relating to violence, threats of violence, possession of weapons, suspected theft, repeated harassment of employees, customers or vendors, lewd behavior, possession of alcohol or illegal drugs, or being under the influence of alcohol or illegal drug usage at the workplace?

Yes  No If yes, please explain: \_\_\_\_\_

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**Mid-States Packaging, Inc.**

Please complete, sign and date, and Email to: [applications@mspack.com](mailto:applications@mspack.com)

## EMPLOYMENT HISTORY

Provide a complete record of all employment for the past 3 years, including any unemployment or self employment periods. Please list employers starting with the most recent, and use the ADDITIONAL REMARKS section if more room is needed.

Have you worked for this company before?  Yes  No If yes, where and when? \_\_\_\_\_

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EMPLOYER	Dates Employed (month/year)	
	From	To
Company Name: _____	_____	_____
Address: _____		
City: _____ State: _____ Zip: _____		
Contact: _____ Phone: _____		
Position held: _____		
Reason for Leaving: _____		

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	From	To
Company Name: _____	_____	_____
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EMPLOYER	Dates Employed (month/year)	
	From	To
Company Name: _____	_____	_____
Address: _____		
City: _____ State: _____ Zip: _____		
Contact: _____ Phone: _____		
Position held: _____		
Reason for Leaving: _____		

## EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

List any degree, special courses, classes, or training completed (PTD/DDC, HAZMAT, etc.): \_\_\_\_\_

## POSITION AND AVAILABILITY

Hours and days of availability (unavailability should be limited to reasons other than religious observances and practices or military training):

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

No Preference

Position you are applying for:

\_\_\_\_\_

Expected Pay Rate: \_\_\_\_\_

If you are hired, will you have reliable transportation to work?

Yes

No

## REFERENCES

Please provide references, other than family members, from persons having knowledge of you.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL REMARKS**

Additional sheets attached?  Yes  No

**TO BE READ AND SIGNED BY APPLICANT**

I certify that this application was completed by me, and that all statements made by me on this application, or interview, including attached papers, are true, complete, and correct to the best of my knowledge.

It is also agreed and understood that under the Fair Credit Reporting Act, I have been told that this investigation may include an investigative Credit Report, including information regarding my work history, education, criminal record, financial history, medical history, and use of social media, and I give my permission to conduct this background report.

I hereby authorize any former or current employer, registry of motor vehicles, military records center, school, or health care provider to provide Mid-States Packaging, Inc. any and all information necessary to reach an employment decision including, but not limited to, information regarding my employment, job duties, attendance, personal character, behavior, general reputation, work habits, skills, abilities, claims, liabilities, damage, financial or medical history, and relationships with coworkers, customer, or supervisors, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history are made only if and after a conditional offer of employment has been extended). Furthermore, I release such employers, registry of motor vehicles, military records center, schools, health care providers, and other persons, from all liability for any damages in responding to inquiries and releasing information in connection with my application.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

I authorized Mid-States Packaging, Inc., to make investigations and inquiries of all statements made by me on this application, or interview, and I understand all such statements made by me in connection with this application are subject to investigation and verification, and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment, and I further understand that I am required to abide by all company rules and regulations. It is agreed and understood that this application, or interview, in no way obligates Mid-States Packaging, Inc., to employ or hire me.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mid-States Packaging, Inc.**

Please complete, sign and date, and Email to: [applications@mspack.com](mailto:applications@mspack.com)

**THIS SECTION TO BE COMPLETED BY MID-STATES' PERSONNEL DEPARTMENT**

Applicant hired?  Yes  No If applicant is not hired, Report Review should be placed on file.

If yes, date of hire: \_\_\_\_\_ Location: \_\_\_\_\_ Classification: \_\_\_\_\_

Interview date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORI Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Interviewing Representative: \_\_\_\_\_ Date: \_\_\_\_\_