



Southwest Paper Company, Inc.

Wichita, Kansas

Oklahoma City, Oklahoma

Applicant's Full Name

Employee # (Office Use Only)

EMPLOYMENT APPLICATION

Southwest Paper Company, Inc. (the "Company") is an equal opportunity employer. The Company will not discriminate in any aspect of employment based on age, race, color, gender, religion, national origin, qualified disability, or any other classification protected by local, state, or federal law.

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

HIRED YES NO POSITION

SALARY/WAGE HIRE DATE

SUPERVISOR SIGNATURE

HR SIGNATURE

PRESIDENT/OWNER SIGNATURE

PERSONAL

| | | | | |
|---|------------|----------------|-------------------|--------------|
| Last Name | First Name | Middle Initial | Social Security # | |
| Other Name (s) Used | | | Home Phone # | |
| Address | City | State | Zip | Cell Phone # |
| Position Applied For | | Referred by | Salary Desired | |
| Have you ever interviewed with our Company or its affiliates? ___ Yes ___ No If yes, list date(s), job title(s) & location(s) | | | | |
| Have you ever been employed by our Company or its affiliates? ___ Yes ___ No If yes, list date(s), job title(s) & location(s) | | | | |
| Do you have any relatives employed by our Company or its affiliates? ___ Yes ___ No If yes, list date(s), job title(s) & location(s) | | | | |
| Are you at least 18 years old? ___ Yes ___ No | | | | |

EDUCATION

Highest Grade Completed: High School College, Trade, or Business Graduate Studies

| | | |
|--|---------|--|
| High School | Address | Degree, Diploma, License, or Certificate |
| College/University | Address | Degree, Diploma, License, or Certificate |
| Vocation, other | Address | Degree, Diploma, License, or Certificate |
| For Drivers Applicant Only Type of Drivers License | | |
| For Clerical Applicants Only Do you type ___ Yes ___ No If yes, WPM: | | |
| Computer Skills (List Software) | | |

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information *must* be completed. You may attach a resume, but not in place of completing the information required below. If you have more than four employers in the past ten years, please see the last page of this application for additional room.

| | | |
|---------------------------|-----------------------|--------------------|
| Employer Name | Supervisor Name | Starting Salary |
| Employer Address | Supervisor Phone # | Ending Salary |
| Employed From / / | Employed Until / / | Reason for Leaving |
| Duties & Responsibilities | | |

| | | |
|---------------------------|-----------------------|--------------------|
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| Employer Address | Supervisor Phone # | Ending Salary |
| Employed From / / | Employed Until / / | Reason for Leaving |
| Duties & Responsibilities | | |

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| Duties & Responsibilities | | |

GENERAL

Yes No May we contact your current employer for references?

Yes No If hired, will you be able to work overtime?

Yes No Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

Yes No Have you ever been convicted of a crime?

CERTIFICATION & AUTHORIZATION

I certify that the information on this form is true and correct. I understand that if I am hired, I shall be subject to immediate dismissal if any information that I give or have given in the application or interview process is false or misleading or if I fail or have failed to disclose any information requested by the Company, regardless of the time elapsed before or after discovery of the false, misleading, or missing information.

I understand that nothing in this employment application, the interview process, or any subsequent employment with the Company is intended to create any kind of employment contract between myself and the Company. On the contrary, I understand and agree that if hired, my employment may be terminated at will by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing, except that an officer duly authorized the Company may make a written modification.

I understand that if I am hired, I will be required to provide original documents which verify my identity and right to work in the United States under Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

By checking this box, I hereby acknowledge that I have read and agree to the above statements.

I authorize the Company to inquire into my educational, professional, and past employment history, and to contact any references as needed to research my qualifications for this position. I give my consent to all former employers to provide employment-related information about me to the Company. I agree to hold the Company and my former employers harmless from any claim based on the provision of such information or any employment decision based on such information. I further authorize the Company to obtain any credit and consumer check.

By checking this box, I hereby acknowledge that I have read and agree to the above statements.

ADDITIONAL EMPLOYMENT HISTORY

| | | |
|---------------------------|--------------------|--------------------|
| Employer Name | Supervisor Name | Starting Salary |
| Employer Address | Supervisor Phone # | Ending Salary |
| Employed From | Employed Until | Reason for Leaving |
| / / | / / | |
| Duties & Responsibilities | | |

| | | |
|---------------------------|--------------------|--------------------|
| Employer Name | Supervisor Name | Starting Salary |
| Employer Address | Supervisor Phone # | Ending Salary |
| Employed From | Employed Until | Reason for Leaving |
| / / | / / | |
| Duties & Responsibilities | | |

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